

| WATER WELL RI  |  | vv vv C-3      | 00470        |  | ion of Water                                   |                    | W 11 ID                                      |             |  |
|--|--|----------------|--------------|--|--|--------------------|--|-------------|--|
|  |  | ge in Well Use |              |  | rces App. No.                                  |                    | Well ID                                      | NY 1        |  |
| 1 LOCATION OF WA   | Fraction   | 1/ 1/          | Secti        | on Number                                    | Township Numb                                  |                    | ige Number                                   |             |  |
| County:  |  | 1/4 1/4        | D            | 1 4 1 1 1                                    | T S  | R                  | □E □W  |             |  |
| 2 WELL OWNER: La Business:   | st Name:   | First:         |              |  |  |                    | re well is located (if unknown, distance and |             |  |
| Address:   | direction from nearest town or intersection): If at owner's address, check here: |                |              |  |  |                    |  | ineck nere: |  |
| Address:   |  |                |              |  |  |                    |  |             |  |
| City:  | State:   | ZIP:           |              |  |  |                    |  |             |  |
| 3 LOCATE WELL  | :  | ft             | 5 I offind   | 0.   |  | (daaimal daamaa)   |  |             |  |
| WITH "X" IN  |  |                |              |  |  |                    |  |             |  |
| SECTION BOX:  Depth(s) Groundwater Encountered: 1)   |  |                |              |  |  |                    |  |             |  |
| WELL'S STATIC WATER LEVEL:   |  |                |              |  |  |                    |  |             |  |
|  | □ below land surface, measured on (mo-day-yr                                     |                |              |  | ····· GPS (unit make/model:)                   |                    |  |             |  |
| above land surface, measured on (mo-day-   |  |                |              | ) (WAAS enabled? ☐ Yes ☐ No)                 |  |                    |  |             |  |
| 4   1  | Pump test data: Well water was ft  |                |              |  | ☐ Land Survey ☐ Topographic Map                |                    |  |             |  |
| W 7 E  | after hours  |                |              | Online Mapper:                               |  |                    |  |             |  |
| SW SE  | Well w   |                |              |  |  |                    |  |             |  |
|  | after hours pumping gpr Estimated Yield:gpm                                      |                |              | <b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC |  |                    |  |             |  |
| S  | Bore Hole Diameter:  | ft. and        |              |  |  |                    |  |             |  |
| 1 mile   |  |                | Other        |  |  |                    |  |             |  |
| 7 WELL WATER TO BE USED AS:  |  |                |              |  |  |                    |  |             |  |
| 1. Domestic: 5. Public Water Supply: well ID   |  |                |              |  |  |                    |  |             |  |
| ☐ Household  | 6. ☐ Dewaterin   |                |              |  |  |                    |  |             |  |
| ☐ Lawn & Garden  | 7. 🗌 Aquifer Re  |                |              |  |  |                    |  |             |  |
| Livestock  | 8. Monitorin   |                |              |  | mal: how many bore                             |                    |  |             |  |
| 2. Irrigation  | 9. Environmenta  |                |              |  | ed Loop  |                    |  |             |  |
| 3. Feedlot   |  |                |              |  | b) Open Loop  Surface Discharge  Inj. of Water |                    |  |             |  |
| 4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):  |  |                |              |  |  |                    |  |             |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:   |  |                |              |  |  |                    |  |             |  |
| Water well disinfected? ☐ Yes ☐ No   |  |                |              |  |  |                    |  |             |  |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other   |  |                |              |  |  |                    |  |             |  |
| Casing diameter  |  |                |              |  |  |                    |  |             |  |
| Casing height above land surface   |  |                |              |  |  |                    |  |             |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:         □ Steel       □ Stainless Steel       □ PVC       □ Other (Specify)  |  |                |              |  |  |                    |  |             |  |
| ☐ Steel     ☐ Steinless Steel     ☐ Fiberglass     ☐ PVC     ☐ Other (Specify)       ☐ Brass     ☐ Galvanized Steel     ☐ Concrete tile     ☐ None used (open hole)  |  |                |              |  |  |                    |  |             |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |  |                |              |  |  |                    |  |             |  |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)  |  |                |              |  |  |                    |  |             |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)   |  |                |              |  |  |                    |  |             |  |
| SCREEN-PERFORATED INTERVALS: From  |  |                |              |  |  |                    |  |             |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.  |  |                |              |  |  |                    |  |             |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |  |                |              |  |  |                    |  |             |  |
| Grout Intervals: From  |  |                |              |  |  |                    |  |             |  |
| Nearest source of possible contamination:  |  |                |              |  |  |                    |  |             |  |
| Septic Tank  | Lateral Line   |                |              |  | ivestock Pens                                  |                    | cide Storage                                 |             |  |
| □ Sewer Lines     □ Cess Pool     □ Sewage Lagoon     □ Fuel Storage     □ Abandoned Water Well       □ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well   |  |                |              |  |  |                    |  |             |  |
| Other (Specify)  |  |                |              |  |  |                    |  |             |  |
| Direction from well?   |  | Distance from  | well?        |  |  | ft                 |  |             |  |
| 10 FROM TO   | LITHOLOG   |                | FRO          |  |  | THO. LOG (cont.) o |  | G INTERVALS |  |
|  |  |                |              |  |  |                    |  |             |  |
|  |  |                |              |  |  |                    | ·  |             |  |
|  |  |                |              |  |  |                    |  |             |  |
|  |  |                |              |  |  |                    |  |             |  |
|  |  |                |              |  |  |                    |  |             |  |
|  |  |                |              |  |  |                    |  |             |  |
| Notes:   |  |                |              |  |  |                    |  |             |  |
|  |  |                |              |  |  |                    |  |             |  |
| 11 CONTRACTORIS OR LANDOWNER OF CERTIFICATION TO THE CONTRACTOR OF |  |                |              |  |  |                    |  |             |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year)   |  |                |              |  |  |                    |  |             |  |
| Kansas Water Well Contractor's License No  |  |                |              |  |  |                    |  |             |  |
| under the business name  | of   | 1 IIIS V       | , att 17 tll |  | p  | u on (mo-day-y     | ····   |             |  |
| under the business name of   |  |                |              |  |  |                    |  |             |  |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.  |  |                |              |  |  |                    |  |             |  |

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html