

WATER WELL RI		** ** C-3			ion of Water		W 11 ID		
		ge in Well Use			rces App. No.		Well ID	NY 1	
1 LOCATION OF WA	Fraction	/ 1/	Section	on Number	Township Numb		ige Number		
County:		/4 1/4	D1	1 A 1 1 1	T S	R	□E □W		
2 WELL OWNER: La Business:	st Name:	First:	· ·						
Address:	direction from nearest town or intersection): If at owner's address, check her							ineck nere:	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL		ft	5 Letitud	n•		(daaimal daamaa)			
WITH "X" IN			11.						
SECTION BOX: Depth(s) Groundwater Encountered: 1)									
WELL'S STATIC WATER LEVEL:									
below land surface, measured on (mo-day-y)					
NW NE	y-yr)) (WAAS enabled? ☐ Yes ☐ No)							
	ft.	☐ Land Survey ☐ Topographic Map				•			
W E	after hours			Online Mapper:					
SW X- SE	Well w								
	after hours pumping			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to f								
mile				Other					
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
☐ Household	6. Dewatering: how many wells?								
☐ Lawn & Garden									
Livestock	8. Monitorin				mal: how many bore				
2. Irrigation	9. Environmental Remediation: well ID								
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extr				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?									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
Casing height above land surface									
☐ Steel ☐ Stainless 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									
Septic Tank	e contamination: Lateral Line	es 🔲 Pit Privy		Пτ	ivestock Pens	□ Incocti	cide Storage		
Sewer Lines	☐ Cess Pool	Sewage L	agoon		uel 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?			well?						
10 FROM TO	LITHOLOG	GIC LOG	FROM	M	TO LI	THO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
			NT a 4 s =						
Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged									
under my iurisdiction an	d was completed on (m	no-day-vear)	11119 V	and th	is record is t	rue to the best of m	ny knowleds	ge and belief.	
under my jurisdiction and was completed on (mo-day-year)									
under the business name	of								
under the business name of Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. WE Department of Health and Environment Rurrow of Water Coology Section 1000 SW Isoland St. Svite 420. Tender Marrow 66612 1267. Telephone 785 206 2565.									
As Department of Health ar	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