

WATER WELL R		** ** C-3			ion of Water		W 11 ID		
		ge in Well Use			rces App. No.		Well ID	N. 1	
1 LOCATION OF W	Fraction	// <b>1</b> /	Section	on Number	Township Numb		ge Number		
County:		/4 1/4	D	1 4 1 1 1	T S	R	□ E □ W		
2 WELL OWNER: La Business:	st Name:	First:	Street or Rural Address where well is located (if unknown, distance a						
Address:	direction from nearest town or intersection): If at owner's address, check here:							meck nere:	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL		ft	5 Lotitud	n•		(daaimal daamaaa)			
WITH "X" IN	Depth(s) Groundwater		11.	ft. 5 Latitude:					
SECTION BOX: $\begin{array}{c} 1 \\ 2 \\ \end{array}$ ft or $\begin{array}{c} 4 \\ \end{array}$									
WELL'S STATIC WATER LEVEL:									
□ below land surface, measured on (mo-day-y				) GPS (unit make/model:					
★ NW NE   above land surface, measured on (mo-da						(WAAS enabled?			
	Pump test data: Well water was f				☐ Land Survey ☐ Topographic Map				
W	after hours Well w			Online Mapper:					
SW   SE									
	after hours pumping gpi Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:	ft. and							
mile				☐ Other					
7 WELL WATER TO BE USED AS:									
1. Domestic:		ter Supply: well ID			10. 🔲 Oil F	ield Water Supply: 1	ease		
☐ Household	6. Dewaterin								
Lawn & Garden	7. Aquifer R				d Uncased				
Livestock		g: well IDal Remediation: well I							
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmenta			. a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Air Sparge ☐ Soil Vapor Extra ☐ Recovery ☐ Injection				13.  Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:									
		C D Othor	C	A CINIC	C IOINTS: I	Clued Clemns	d 🗆 Waldad	I D Throadad	
8 TYPE OF CASING USED:  Steel PVC Other									
Casing diameter									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
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									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
		It., From	II. to	• • • • • • •	π., From	It. to	It.		
Nearest source of possible contamination:         □ Septic Tank       □ Lateral Lines       □ Pit Privy       □ Livestock Pens       □ Insecticide Storage									
Sewer Lines	☐ Cess Pool	☐ Sewage L	agoon		uel Storage		oned Water \		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
10 FROM TO	LITHOLOG	GIC LOG	FROM	М	TO L	THO. LOG (cont.) o	r PLUGGIN	3 INTERVALS	
			_						
			_						
			Notes	•					
110105.									
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFICATIO	N: This v	vater v	well was □	constructed. $\square$ reco	onstructed	or Dlugged	
under my jurisdiction an	d was completed on (m	no-day-year)		and th	is record is t	rue to the best of m	y knowleds	ge and belief.	
Kansas Water Well Con	tractor's License No	This W	ater Well	Reco	rd was comp	leted on (mo-day-y	ear)		
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.  KS Department of Health and Environment, Burgan of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367, Telephone 785-296-3565.									
The Department of Health at	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