

WATER WELL RI		** ** C-3			on of Water		W 11 ID		
		ge in Well Use			rces App. No.	E 1: N 1	Well ID	N. 1	
1 LOCATION OF WA	Fraction		Section	on Number	Township Numb		ge 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 here:							ineck nere:	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL		ft	5 I atitud			(4:1 4)			
WITH "X" IN			11.						
SECTION BOX:	1 2) # 3) # 0r /// 1								
N	WELL'S STATIC WATER LEVEL:								
	□ below land surface, measured on (mo-day-yr				······ GPS (unit make/model:)				
above land surface, measured on (mo-day-yr				(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W E	after hours			Online Mapper:					
SW SE	Well w								
	after hours pumping gpr 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: 5. Public Water Supply: well ID									
☐ Household	6. Dewaterin								
☐ Lawn & Garden	7. 🗌 Aquifer R								
Livestock	8. Monitorin								
2. Irrigation	9. Environmenta		••••	a) Closed Loop Horizontal Vertical					
3. Feedlot	☐ Air Sparge	Extraction		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. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination: □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage									
Sewer Lines	☐ Cess Pool	es ☐ Pit Privy ☐ Sewage L	agoon		uel Storage		oned Water		
☐ Watertight Sewer Line					ertilizer Storag		ell/Gas Well	***************************************	
Other (Specify)									
Direction from well?			vell?						
10 FROM TO	LITHOLOG	GIC LOG	FROM	1	TO LI	THO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
				_					
				_					
				_					
			NT-4						
Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
under my iurisdiction an	d was completed on (m	no-day-vear)		and th	is record is t	rue to the best of m	y 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 Rurson of Water Coology Section 1000 SW Isoland St. Suite 420. Tender Manage 66612, 1267. Telephone 785, 206, 2565.									
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