

	ginal Record			* *** 11 **			ion of Wate					
$1 I 0 \theta$							urces App. No tion Number Township Numb			Well ID er Range Number		
	unty:	WAILK WEL							$\Box E \Box W$			
2 WE Busi Addr Addr	WELL OWNER: Last Name: First: S Business: Address: Address:						Street or Rural Address where well is located (if unknown, distance and lirection from nearest town or intersection): If at owner's address, check here:					
City:	CATE WELL	State:	ZIP:									
	'H "X" IN				PLETED WELL: ft.							
SEC	TION BOX:		Depth(s) Groundwater Encountered: 1) 2)									
w	N V NE V SE	WELL'S ST below la above la Pump test da after	TER LEVEL:, measured on (mo-day measured on (mo-day vater was	R LEVEL: ft. neasured on (mo-day-yr) neasured on (mo-day-yr) er was ft. umping gpm			Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27 <u>Source for Latitude/Longitude</u> : 🗋 GPS (unit make/model:) (WAAS enabled? 🗌 Yes 🗌 No) 🗌 Land Survey 🔲 Topographic Map 🗋 Online Mapper:					
			timated Yield:gpm					6 Elevation:ft. Ground Level TOC				
S Bore Hole D			Hole Diameter: in. to			and and			$\frac{\text{ve:}}{\square \text{ Land Survey }} \square \text{ GPS } \square \text{ Topographic Map}$			
1	1 mile		in. to	ft.	□ Other							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease												
🗌 He	ousehold wn & Garden	6. 🗖 7. 🗖			11. Test Hole: well ID							
	vestock 8. Monitoring: well ID								al: how many bores			
	□ Irrigation 9. Environmental Remediation: well ID. □ Feedlot □ Air Sparge □ Soil Vapor Ex						a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water					
4. □ Ine			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 JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No 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 ft. to ft., From ft. to ft., From ft. to ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
	otic Tank		Lateral Line	s 🗌 Pit Privy		🗆 Li	ivestock Pe	ens	☐ Insectic	ide Storag	e	
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) Distance from well? ft.												
10 FRC			ITHOLOG		FROM		ТО		HO. LOG (cont.) or	PLUGGIN	IG INTERVALS	
					Notes	:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)												
under the business name of												
KS De	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. 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. Visit us at <u>http://www.kdheks.gov/waterwell/index.html</u> KSA 82a-1212											