

| WATER WELL R | | W W C-5 | | 0007 | | ion of Water | | | W-11 ID | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-------------------|------------------------------------|--------------------------------------------------|---------------|---------------------------------------|-------------|-----------------|--|--|
| | | e in Well Us | se | | | rces App. N | | T 1. ' . NI 1. | Well ID | NIl | | |
| 1 LOCATION OF WA | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | r | Township Numb | | nge Number | | | |
| County: | 1/ ₄ First: | 1/4 1/ | | D | 1 4 1 1 | | T S | R | □E□W | | | |
| 2 WELL OWNER: La | | | | e well is located | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | | |
| 3 LOCATE WELL | | ft | 5 Tatitu | da. | | | (1 : 11) | | | | | |
| WITH "X" IN | | | | | | | | | | | | |
| SECTION BOX: | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | | |
| | below land surface, measured on (mo-day-y above land surface, measured on (mo-day-y above land surface, measured on (mo-day-y above land surface) | | | | | | | nit make/model: | |) | | |
| NW NE | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| | Pump test data: Well water was ft. | | | | | | | urvey 🔲 Topogr | aphic Map | | | |
| W E | | | | | | | | Online Mapper: | | | | |
| SW SE | | | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | | |
| | | | | | | | | | | | | |
| S | Bore Hole Diameter: in. to | | | | | | | | | | | |
| mile | | | D Oda | | | | | | | | | |
| 1 mile in. to ft. Uniter | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | | | | |
| ☐ Lawn & Garden | | | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | a) Closed Loop _ Horizontal U Vertical | | | | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext | | | | | 1 | 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 diameter | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: Continuous Slot | | | | | | | | | | | | |
| □ 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. | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | |
| Nearest source of possible | | | | | | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | | Pit Privy | | | ivestock Per | | | cide Storag | | | |
| ☐ Sewer Lines | Cess Pool | | Sewage L | | | uel Storage | | · · · · · · · · · · · · · · · · · · · | oned Water | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well | | | | | | | | | | | | |
| Direction from well? | | | | | | | | ft | | | | |
| 10 FROM TO | LITHOLOG | | nce from v | FRO | | | | HO. LOG (cont.) 01 | | IC INTEDVALS | | |
| 10 TROM TO | LITHOLOG | JIC LOG | | TRO | IVI | 10 | LIII | IO. LOG (cont.) of | LUUUII | IO INTERVALS | | |
| | | | | | | | | | | | | |
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| Notes: | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNER'S | S CERTIF | ICATIO | N: This v | water | well was | coı | nstructed, \square reco | onstructed | , or plugged | | |
| under my jurisdiction an | d was completed on (m | no-day-year | r) | | and th | nis record is | s tru | e to the best of m | y knowled | lge and belief. | | |
| Kansas Water Well Con | tractor's License No | | . This W | ater Well | Reco | rd was con | nplet | ed on (mo-day-y | ear) | | | |
| 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, 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