

| WATER WELL RI | | // // C-3 | 223 | L | | on of Water | | W 11 ID | | |
|--|--|---------------|----------|--|--------------------------------------|--|--------------------------|--------------|---|--|
| | | e in Well Use | | | | ces App. No | | Well ID | N. 1 | |
| 1 LOCATION OF WA | Fraction | 1/ | | section | on Number | Township Numb | | ge Number | | |
| County: | 1/4 1/4 | 1/4 | 1/4 | 3 1 | A 11 | T S | R | □E □W | | |
| 2 WELL OWNER: Las Business: | First: | | | treet or Rural Address where well is located (if unknown, distance and | | | | | | |
| Address: | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | meck nere: | |
| Address: | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | ft | 5 I atitud | 0. | | (daaimal daamaaa) | |
| WITH "X" IN | Depth(s) Groundwater Encountered: 1) | | | | | | | | | |
| SECTION BOX: $(1, 2)$ ft (3) ft or (4) | | | | | | | | | | |
| WELL'S STATIC WATER LEVEL: | | | | | | | | | | |
| □ below land surface, measured on (mo-day-yr | | | | | ······ GPS (unit make/model:) | | | | | |
| above land surface, measured on (mo-day-yi | | | | | ······ (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| | Pump test data: Well water was ft. | | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W | | | | | Online Mapper: | | | | | |
| X | Well water was | | | | | | | | | |
| | after hours pumping | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOO | | | | Level \square TOC | |
| S | Bore Hole Diameter: in. to | | | | | | | | | |
| mile | in. to f | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID | | | | | | | | | | |
| ☐ Household | 6. ☐ Dewatering: how many wells? | | | | | | | | | |
| ☐ Lawn & Garden | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop | | | | | |
| | 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industrial | Recovery | ☐ Injecti | on | | | 13. ☐ Othe | er (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 diameter in. to ft., Diameter ft., Diameter ft. | | | | | | | | | | |
| 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: | | | | | | | | | | |
| 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. | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | |
| ☐ Septic Tank | Lateral Line | | | | | vestock Pens | | cide Storage | | |
| Sewer Lines | Cess Pool | Sewa | | | | iel Storage | | oned Water V | Well | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well | | | | | | | | | | |
| Direction from well? | | Distance fr | om we | 119 | | | ft | | | |
| 10 FROM TO | LITHOLOG | | om wc | FROM | | | ITHO. LOG (cont.) o | | GINTERVALS | |
| 10 11(0)(1 | EIIIOEO | <u> </u> | | TROM | | 10 1 | IIIO. EOG (cont.) o | I Le Gon (| SITTERTIES | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| No: | | | | | | Notes: | | | | |
| | | | | 1 | | | | | | |
| | <u> </u> | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNER'S | S CERTIFICA | TION | : This wa | iter v | vell was 🗌 | constructed, reco | onstructed, | or plugged | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | |
| Kansas Water Well Cont | ractor's License No | Th | is Wa | ter Well R | cecor | a was comp | pieted on (mo-day-y | ear) | ••••• | |
| s control of the second of the | end one conv to WATER W | ELL OWNER and | retain o | ne for vour | record | s. Fee of \$5.0 | 0 for each constructed w | ell. | *************************************** | |
| 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