

| WATER WELL R ☐ Original Record ☐ | | VV VV C-3 | 2-10- | L | | on of Water | | | Well ID | | | |
|--|--|---|------------------------------------|--|--|----------------|----------------------|-------------------------|------------------------|-------------------|--|--|
| 1 LOCATION OF W. | <u> </u> | ge in Well Use Fraction | | | | ces App. No | | Tournahin Numb | | nga Numbar | | |
| County: | 1/4 1/4 1/4 1/4 | | | Section Number | | 1 | Township Numb T S | | Range Number R □ E □ W | | | |
| 2 WELL OWNER: La | First: | | |) 11mal | al Address where well is located (if unknown, distance and | | | | | | | |
| Business: | | nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | State: | ZIP: | | | | 1 | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COM | PLETED WEI | L: | | ft. | 5 Latitu | de. | | | (decimal degrees) | | |
| WITH "X" IN | Depth(s) Groundwater I | | . ft. 5 Latitude: | | | | | | | | | |
| SECTION BOX: | 2) ft. 3 | | | | | | | | | | | |
| 17 | WELL'S STATIC WA | ft. | ft. Source for Latitude/Longitude: | | | | | (IID 27 | | | | |
| | ☐ below land surface, | | | GPS (unit make/model:) | | | | | | | | |
| NW NE | above land surface, | | •••• | | (WAAS enabled? ☐ Yes ☐ No) | | | | | | | |
| | Pump test data: Well w | | ☐ Land Survey ☐ Topographic Map | | | | | | | | | |
| E E | after hours Well w | | | ☐ Online Mapper: | | | | | | | | |
| SW SE | after hours | | | 6 Elevation:ft. Ground Level TOC | | | | | | | | |
| | Estimated Yield: | , F-11 | | | | | | | | | | |
| S | Bore Hole Diameter: in. to f | | | | and Source: Land Survey GPS Topograph | | | | | | | |
| mile | in. to ft. | | | | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | | iter Supply: well I | | | | | | Water Supply: le | | | | |
| Household | 6. Dewaterin | | | | | | | | | | | |
| ☐ Lawn & Garden ☐ Livestock | 7. Aquifer Re | | | | | | | | | | | |
| 2. Irrigation | Monitoring Environmenta | | | | | | | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge | xtraction | •• | b) Open Loop Surface Discharge Inj. of Water | | | | | | | | |
| 4. ☐ Industrial | ☐ Recovery | | - | | | | | ecify): | | | | |
| 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 | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Nearest source of possible | | 10., 1 10111 | | | | . 1, 1 10111 . | | 16. 60 | | | | |
| ☐ Septic Tank | □ Lateral Line | es 🔲 Pit Pr | ivy | | ☐ Li | vestock Pen | ıs | ☐ Insection | cide Storage | ; | | |
| ☐ Sewer Lines | Cess Pool | ☐ Sewaş | | | | iel Storage | | | oned Water | | | |
| ☐ Watertight Sewer Lin | | | | | ☐ Fe | ertilizer Stor | age | ☐ Oil We | ll/Gas Well | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | om we | FROM | | | | π. Ο. LOG (cont.) οι | | C INTEDVALS | | |
| 10 FROM TO | LITHOLOG | JIC LOG | | FROM | + | 10 | LIIII | O. LOG (cont.) of | FLUGGIN | UINTERVALS | | |
| | | | | | + | | | | | | | |
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| | | | | Notes: | L | | | | | | | |
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| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \square constructed, \square reconstructed, or \square plugged | | | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | | |
| Kansas Water Well Con | tractor's License No | Thi | s Wat | er Well R | Recor | d was com | plete | d 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. | | | | | | | | | | | | |

Visit us at http://www.kdheks.gov/waterwell/index.html

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