

| WATER WELL RI | | W W C-3 | 212230 | | sion of Water | | W 11 ID | | |
|---|---|---------------------|----------|---|---|----------------------|--------------|-------------------|--|
| | | e in Well Use | | | irces App. No. | T 1: N 1 | Well ID | NY 1 | |
| 1 LOCATION OF WATER WELL: | | Fraction | 1/ 1/ | II. | ion Number | Township Numb | | ge Number | |
| County: | 1/4 1/4 | 1/4 1/4 | | 1 4 1 1 1 | T S | R | □E □W | | |
| 2 WELL OWNER: Las Business: | st Name: | First: | | Street 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: | | | | | 5 Lotitud | · · | | (daaimal daamaaa) | |
| WITH "X" IN | | | , | | | | | | |
| SECTION BOX: | 1 2) # 3) # 0 # 1) 1 | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | | | | |
| | □ below land surface, measured on (mo-day-yr | | | | ······ GPS (unit make/model:) | | | | |
| NW NE | 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 Well w | | | ☐ Online Mapper: | | | | | |
| SW S W | | | | | | | | | |
| | after hours pumping | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: in. to f | | | | | | | | |
| mile | | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | 5. 🗌 Public Wa | ter Supply: well II |) | | 10. 🔲 Oil F | ield Water Supply: 1 | ease | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | |
| Lawn & Garden | 7. Aquifer Re | | | | d Uncased | | | | |
| Livestock | 8. Monitoring | | | | | | | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr | | | | . a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | |
| 4. ☐ Industrial | ☐ Recovery | ☐ Injection | | <i>J</i> 11 | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | |
| 8 TYPE OF CASING USED: | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| 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 | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other. | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Septic Tank | Lateral Line | s 🔲 Pit Priv | vv | ПΙ | ivestock Pens | □ Insecti | cide Storage | | |
| ☐ 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) | | | | | | | | | |
| | | | | | | | | a numerou i a | |
| 10 FROM TO | LITHOLOG | FIC LUG | FR | OM | TO LI | THO. LOG (cont.) o | r PLUGGIN | GINTERVALS | |
| | | | | | | | | | |
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| | | | Not | es: | | | | | |
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| | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | |
| under my jurisdiction and | d was completed on (m | no-day-year) | | and tl | his record is t | rue to the best of m | y knowleds | ge and belief. | |
| Kansas Water Well Cont | ractor's License No | This | Water We | ell Reco | ord was comp | leted 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