

| WATER WELL RI | | 11 11 C-3 | 05471 | | ion of Water | | W 11 ID | | | |
|--|--|---------------|-------------|--------------------------------------|---|--------------------|---|------------|--|--|
| | | e in Well Use | | | rces App. No. | T 1: N 1 | Well ID | NY 1 | | |
| 1 LOCATION OF WA | Fraction | 1/ 1/ | Secti | on Number | Township Numb | | ige Number | | | |
| County: | 1/4 1/4 | 1/4 1/4 | D | 1 4 1 1 1 | T S | R | □E □W | | | |
| 2 WELL OWNER: La Business: | st Name: | First: | | | | | 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 | | ft | 5 Letitud | ·· | | (daaimal daamaa) | | | | |
| WITH "X" IN | | | | , | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | |
| N | | | | | | | | | | |
| | □ below land surface, measured on (mo-day-yr | | | | | | | | | |
| above land surface, measured on (mo-day-yr | | | | | | | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | after hours | | | ☐ Online Mapper: | | | | | | |
| SW SE | Well w | | | | | | | | | |
| 1 1 . 1 . 1 | after hours pumping gpt Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | | |
| | Bore Hole Diameter: | ft and | | | | | | | | |
| mile | Dore Hole Diameter | | Other | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | | |
| Lawn & Garden | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring | | | | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | | | | | |
| 3. Feedlot | | | | | 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? ☐ 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. to ft. | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | |
| ☐ Septic Tank | Lateral Line | | | | ivestock Pens | | 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) □ Oil Well/Gas Well | | | | | | | | | | |
| Direction from well? | | Distance from | . well? | | | ft | | | | |
| 10 FROM TO | LITHOLOG | | FRO | | | THO. LOG (cont.) o | | GINTERVALS | | |
| 10 110111 10 | EIIIOEO | 310 200 | TRO | | 10 21 | THO. EOG (Conc.) O | I I Le Goli (| SHVIERVIES | | |
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| Notes: | | | | | | | | | | |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | |
| under the business name | ractor's License No | 1 his | water Wel | i Keco | ru was comp | ieied 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