

☐ Original Record ☐ Correction ☐ Change in Well Use					Division of Water					
		Fraction			sources App. Nection Number		Township Numb	Well ID	ange Number	
1 LOCATION OF WATER WELL: County:						<i>-</i> 1	T S R		□ E □ W	
2 WELL OWNER: La	ast Name:	First:		eet or Ri	ıral Address	whe	re well is located			
Business: direction from nearest town or intersection): If at owner's address, check here:										
Address:										
Address: City:	State:	ZIP:								
3 LOCATE WELL										
WITH "X" IN	4 DEPTH OF COMPLETED WELL:					5 Latitude:(decimal degrees)				
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:					
N	WELL'S STATIC WATER LEVEL:					Source for Latitude/Longitude: GPS (unit make/model:) (WAAS enabled? Yes No)				
	below land surface, measured on (mo-day-yr).									
NW NE	above land surface, measured on (mo-day-yr).									
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map					
W E	after hours pumping gpn Well water was ft.					☐ Online Mapper:				
SWX-SE	after hours pumping gpn									
	Estimated Yield:	gpm				6 Elevation:ft. Ground Level TOC				
S	Bore Hole Diameter: in. to				nd Source: Land Survey GPS Topographic M					
1 mile in. to ft. Uother										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease 10. Oil Field Water Supply: lease										
☐ Household	6. Dewatering: how many wells?					11. Test Hole: well ID				
Lawn & Garden	7. ☐ Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?					
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extrac					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
							her (specify):			
Was a chemical/bacteriological sample submitted to KDHE? \[\sqrt{Yes} \] No If yes, date sample was submitted:										
Water well disinfected? \square Yes \square 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 ft. to ft., From ft., From ft., From ft.										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Nearest source of possible contamination: Septic Tank										
☐ Sewer Lines	☐ Cess Pool	☐ Sewag	e Lagoo	n 🗆	Fuel Storage	;	☐ Aband	oned Wate		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
10 FROM TO	LITHOLOG			FROM	ТО		HO. LOG (cont.) o		NG INTERVALS	
10 110001 10	LITHOLOG	SIC LOG		TROM	10	LIII	110. E00 (cont.) o	LIEGGI	NO INTERVALED	
				Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged										
under my jurisdiction ar	nd was completed on (m	no-dav-vear)		and	this record	is tru	e to the best of m	iv knowle	dge and belief.	
Kansas Water Well Con	tractor's License No	This	s Water	Well Re	cord was cor	mple	ted on (mo-day-y	ear)		
under the business name	e of Send one copy to WATER W	ZELL OWNED3		for vov	nords Fac -f ft	5.00.0	or analy comptent of	<u></u>		
									ne 785-296-3565.	
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 KSA 82a-1212										