

| WATER WELL REC | | 77 VY C-3 | 9333 | | ion of Water | | W 11 II | | | |
|--|--|---------------------------------------|---------------|--|--|--------------------------|--------------------------|-------------|--|--|
| | | e in Well Use | | | rces App. No. | | Well ID | N. 1 | | |
| 1 LOCATION OF WATER WELL: | | Fraction | 1/ 1/ | Secti | on Number | Township Numb | | ge Number | | |
| County: | | 1/4 1/4 | . D | 1 4 1 1 | T S | R | □E □W | | | |
| 2 WELL OWNER: Last I Business: | First: | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Address: | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | ineck nere: | | |
| Address: | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL | : | ft | 5 Lotitud | n• | | (daaimal daamaaa) | | | | |
| WITH "A" IN | | | | | | | | | | |
| SECTION BOX: | 1 2) ## 3) ## or /1) [1 | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | | | | | |
| | □ below land surface, measured on (mo-day-yr | | | | ······ GPS (unit make/model:) | | | | | |
| above land surface, measured on (mo-day | | | |) (WAAS enabled? \(\subseteq \text{ Yes} \subseteq \text{No} \) | | | | | | |
| | Pump test data: Well water was ft | | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | after hours | | | Online Mapper: | | | | | | |
| SW X SE | Well w | | | | | | | | | |
| 1 1 . 1 . 1 1 | after hours pumping gpr Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | | |
| | Bore Hole Diameter: in. to f | | | | | | | | | |
| 1 mile | | | Other | | | | | | | |
| 1 mile in. to ft. Uniter | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | |
| ☐ Household | 6. ☐ Dewatering: how many wells? | | | | | | | | | |
| ☐ Lawn & Garden | 7. ☐ Aquifer Recharge: well ID | | | | ☐ Case | d Uncased | Geotechnica ¹ | l | | |
| ☐ Livestock | 8. Monitoring | | | | | | | | | |
| 2. Irrigation | Environmenta | | | a) Closed Loop | | | | | | |
| 3. ☐ Feedlot | | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | | |
| 4. 🗌 Industrial | Recovery | ☐ Injection | | | 13. ∐ Othe | r (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) | | | | | | | | | | |
| □ Conditious Stot □ Min Stot □ Gauze Wrapped □ Total Cut □ Diffied Holes □ Other (Specify) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to 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 Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide 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 | walio | | | ft | | | | |
| 10 FROM TO | LITHOLOG | | FRO | | | THO. LOG (cont.) o | | GINTERVALS | | |
| IV TROM | LITHOLOG | JIC EOG | TRO | 171 | TO E | THO. LOG (cont.) o | LILEGGIA | SHVIERVILD | | |
| | | | | | | | | | | |
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| | Note | | | | | | | | | |
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| 11 CONTRACTOR'S O | R LANDOWNER'S | S CERTIFICATIO | N: This | water v | well was 🔲 | constructed, 🗌 reco | onstructed, | or plugged | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | |
| Kansas Water Well Contra | ctor's License No | This V | vater Well | Reco | rd was comp | leted on (mo-day-y | ear) | | | |
| under the business name of | d one copy to WATER W | ELLOWNER and rates | n one for you | ir record | is Fee of \$5 or |) 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