

| WATER WELL | | | •••••C-5 | 6687 | | ion of Wate | | | W-11 ID | | |
|--|--|---|--------------------------|---------------------------------------|----------------|---|---|-----------------------|------------------|-----------------|--|
| Original Record Correction Changer I LOCATION OF WATER WELL: | | | | | | ources App. No ction Number Township Num | | | ber Range Number | | |
| County: | | 1/4 1/4 | 1 0 | | | | $\Box E \Box W$ | | | | |
| 2 WELL OWNER | Last Name: | | First: | | Rura | l Address | whe | re well is located | | | |
| Business: | | irection from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Address: City: | | | | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | |
| WITH "X" IN | | H OF COM | | | | | | | | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) 2) | | | | | | | | | |
| Ν | | STATIC WA | | 11 | | | | | NAD 27 | | |
| | | land surface | | | | | Latitude/Longitude: init make/model: | |) | | |
| NW NE | | above land surface, measured on (mo-day-yr) | | | | (WAAS enabled? \Box Yes \Box No) | | | | | |
| | - | Pump test data: Well water was ft. | | | | Land Survey Topographic Map | | | | | |
| W | E after. | hour | | | Online Mapper: | | | | | | |
| SW SE | oftor | | vater wass pumping | | | | | | | | |
| | | | gpm | 6 E | | | Elevation:ft. Ground Level TOC | | | | |
| S | | Estimated Yield:gpm Bore Hole Diameter:in. to | | | | | | | | | |
| 1 mile | | in. to t | | | | □ Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: | | | | | | | | | | | |
| Household | 6. Dewatering: how many wells? | | | | | | | | | | |
| Lawn & Garden | | 7. Aquifer Recharge: well ID | | | | _ | | | | | |
| ☐ Livestock 2. ☐ Irrigation | | 8. Monitoring: well ID | | | | | | al: how many bores | | | |
| $3. \square$ Feedlot | | 9. Environmental Remediation: well ID | | | | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. Industrial | | | | | | 13. Other (specify): | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | |
| Water well disinfected? \square Yes \square No | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | | | |
| 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: | | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Torch Cut □ Drifted Holes □ Other (Specify) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | |
| 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 ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| Nearest source of pos | | | | | | | | | | | |
| Septic Tank | | Lateral Line | | | | ivestock Pe | | | | | |
| Sewer Lines | | Cess Pool | ☐ Sewage I ☐ Feedyard | Lagoon | | uel Storage ertilizer Sto | rane | ☐ Abando ☐ Oil Wel | | | |
| \Box Other (Specify) | | i Seepage i n | | | | | age | | II/Gas we | 1 | |
| ☐ Other (Specify) ft. | | | | | | | | | | | |
| 10 FROM TO | | LITHOLO | GIC LOG | FROM | M | TO | LIT | HO. LOG (cont.) or | PLUGGI | NG INTERVALS | |
| | | | | | | | | | | | |
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| | | | | NT 4 - | | | | | | | |
| | Notes: | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | |
| under my jurisdictio | n and was com | pleted on (n | no-day-year) | | and th | nis record i | s tru | e to the best of my | y knowle | dge and belief. | |
| Kansas Water Well | Contractor's Li | cense No | This W | Vater Well | Reco | rd was con | nple | ted on (mo-day-ye | ear) | - | |
| under the business n | ame of | | | · · · · · · · · · · · · · · · · · · · | | <u></u> | | | | | |
| KS Department of Hea | 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 KSA 82a-1212 | | | | | | | | | | | |