

| VVAIER VVELL KI | | ge in Well Use | | | ivision of Wate | | | Well ID | | |
|--|--|----------------------|------------------------|--|--|--|----------------------------|---|---|--|
| | | | | | sources App. N | | T 1.1. N 1. | | N 1 | |
| 1 LOCATION OF WA | AIER WELL: | Fraction 1/4 1/4 | 1/4 | 1/4 | ection Numbe | r | Township Number | r Ran R | ge Number □ E □ W | |
| 2 WELL OWNER: La | First: | | | ural Address | wher | | | | | |
| Business: | st maine. | THSt. | | reet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: | | | | | | | | | eneck here. | |
| Address: | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL | | | | | ft. 5 Latitude:(decimal degrees) | | | | | |
| | WITH "X" IN Depth(s) Groundwater Encountered: 1) | | | | | | | | | |
| SECTION BOX: 2) | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | |
| below land surface, measured on (mo-day-yr | | | | | and the contraction of the contr | | | | | |
| NW NE | above land surface, measured on (mo-day-yr | | | | ((| | | | | |
| | Pump test data: Well water was | | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| E E | after hours pumping gp Well water was ft. | | | | | ☐ Online Mapper: | | | | |
| SW SE | | pumping gpm | | | | | | | | |
| | gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | in. to ft. and | | | Source | Source: Land Survey GPS Topographic Map | | | | | |
| mile | 1 | | | | | | | • | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | iter Supply: well l | | | | | d Water Supply: lea | | | |
| Household | 6. Dewaterin | | 11. Test Hole: well ID | | | | | | | |
| Livestock | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | | | | | |
| 3. ☐ Feedlot | | | | | b) Ot | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. ☐ Industrial | on | 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 | | | | | | | | | | |
| 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. ft. | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | • | |
| Nearest source of possible | | , 1 10111 | | | 101, 1 10111 | | | 20. | | |
| ☐ Septic Tank | □ Lateral Line | es 🔲 Pit Pr | ivy | | Livestock Pe | ns | ☐ Insecticio | de Storage | | |
| ☐ Sewer Lines | Cess Pool | ☐ Sewa | | | ☐ Fuel Storage | | ☐ Abandon | | Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | om wei | FROM | | | π. HO. LOG (cont.) or I | DLUCCIN | CINTEDVALS | |
| 10 FROM TO | LITHOLOG | GIC LUG | | FROM | 10 | LIII | 10. LOG (cont.) of f | LUGGIN | GINTERVALS | |
| | | | | | | | | | | |
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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 an | d was completed on (m | no-dav-vear) | | and | d this record i | s true | e to the best of my | knowled | ge and belief. | |
| Kansas Water Well Cont | ractor's License No | Thi | is Wate | er Well Re | ecord was con | nplet | ed on (mo-day-yea | ır) | | |
| under the business name | oI | /ELL OWNED and | atoin ac | a for your | words For of the | | r anch constructed w11 | | ••••• | |
| 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