

| WATER WELL RI | | W W C-5 | | 1100 | | sion of Water | | | W-11 ID | | |
|--|---|----------------------|--------------|--------------------------------|---------------------------------|--|--------|-------------------|--------------|----------------|--|
| | | e in Well U | | | | rces App. No | | C1. ' NJ1. | Well ID | NT1 | |
| 1 LOCATION OF WATER WELL: | | Fraction 1/4 1/4 1/4 | | / ₄ 1/ ₄ | Section Number | | 1 1 | Township Numb | | Range Number | |
| County: | | 1/4 1/ | | . D | T S R E W | | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from pearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | | 5 Totitu | da. | | | (1 ' 11) | |
| WITH "X" IN | | , | | | | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | J11 | | | atitude/Longitude | | NAD 21 | |
| | below land surface, measured on (mo-day-yr) | | | | | GPS (unit make/model: | | | | | |
| NW NE | | | | | | | | AAS enabled? | | · | |
| | Pump test data: Well water was ft. | | | | | | | rvey 🔲 Topogra | aphic Map | | |
| W E | after hours pumpinggp | | | | | Online Mapper: | | | | | |
| SW SE 🗙 | Well water was ft. | | | | | | | | | | |
| " " ^ | after hours pumping gj Estimated Yield:gpm | | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: in. to fi | | | | | | | | | | |
| 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 | | | | | | ☐ Cas | sed | ☐ Uncased ☐ 0 | Geotechnica | ા | |
| ☐ Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | | | |
| 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 in. to 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) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| Nearest source of possible | | | | | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | | Pit Privy | | | ivestock Pen | ıs | | cide Storage | | |
| Sewer Lines | Cess Pool | | Sewage L | | | uel Storage | | _ | oned Water | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well | | | | | | | | | | | |
| Direction from well? | | | | | | | | f+ | | | |
| 10 FROM TO | LITHOLOG | | | FRO | | | | O. LOG (cont.) 01 | | C INTEDVALS | |
| 10 PROW TO | LITHOLOG | ole rog | | TRO | IVI | 10 | | O. LOG (cont.) of | LUGGIN | UINTERVALS | |
| | | | | | | | | | | | |
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| | | | | Notes | <u> </u> | l l | | | | | |
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| | | | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNER'S | S CERTI | FICATIO | N: This | water | well was | con | structed, 🔲 reco | onstructed, | or plugged | |
| under my jurisdiction an | d was completed on (m | no-day-ye | ar) | | and th | nis record is | true | to the best of m | y knowled | ge and belief. | |
| Kansas Water Well Cont | tractor's License No | | This W | ater Well | Reco | ord was com | ıplete | ed on (mo-day-ye | ear) | | |
| under the business name | ord one copy to WATER W | ELL OWAN | ED and mate: | ono for v | | da Escaf ¢ f | 00 for | anah annetmatad | | | |
| | Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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