

| WATER WELL R   |  | W W C-5        | _             | 1007                           |                                      | ion of Water    |                               |                              | W-11 ID                                 |                                  |  |
|--|--|----------------|---------------|--------------------------------|--------------------------------------|-----------------|-------------------------------|------------------------------|---|----------------------------------|--|
|  |  | e in Well U    | se            |                                |                                      | rces App. N     |                               | Township Numb                | Well ID                                 | nga Numbar                       |  |
| 1 LOCATION OF WATER WELL: County:  |  | Fraction       |               | / <sub>4</sub> 1/ <sub>4</sub> | Section Number                       |                 | Γ                             | Township Numb                |   | Range Number R □ E □ W           |  |
| -  | •  | /4 /           |               | . D.1200                       | 1 Addragg                            | whor            | - ~                           |                              |   |                                  |  |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| Address:   |  |                |               |                                |                                      |                 |                               |                              |   | check here.                      |  |
| Address:   |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| City:  | State:                                       | ZIP:           |               |                                |                                      |                 |                               |                              |   |                                  |  |
| 3 LOCATE WELL  |  | ft             | 5 Latitu      | de.                            |                                      |                 | (decimal degrees)             |                              |   |                                  |  |
| WITH "X" IN  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| SECTION BOX:   | SECTION BOX: ft or 4)                        |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| N  | WELL'S STATIC WATER LEVEL:                   |                |               |                                | . ft. Source for Latitude/Longitude: |                 |                               |                              |   |                                  |  |
|  | <ul> <li>below land surface,</li> </ul>      | y-yr)          |               | □GI                            | PS (u                                | nit make/model: |                               | )                            |   |                                  |  |
| NW   NE  | above land surface, measured on (mo-day-yr)  |                |               |                                |                                      |                 |                               | (WAAS enabled? ☐ Yes ☐ No)   |   |                                  |  |
|  | Pump test data: Well water was ft.           |                |               |                                | ☐ Land Survey ☐ Topographic Map      |                 |                               |                              |   |                                  |  |
| W E  | after hours pumping gp<br>Well water was ft. |                |               |                                |                                      | Online Mapper:  |                               |                              |   |                                  |  |
| SW   SE  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
|  | Estimated Yield:                             |                | mpinggpm      |                                |                                      | 6 Elevat        | tion:ft. 🗌 Ground Level 🗎 TOC |                              |   |                                  |  |
| S  | Bore Hole Diameter: in. to                   |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| mile   |  |                | Other         |                                |                                      |                 |                               |                              |   |                                  |  |
| 1 mile  in. to ft. Uniter  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| 1. Domestic: 5. Public Water Supply: well ID   |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| ☐ Household  | 6. Dewatering: how many wells?               |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| Lawn & Garden  |  |                |               |                                |                                      | ☐ Ca            | sed                           | ☐ Uncased ☐ (                | Geotechnic                              | al                               |  |
| ☐ Livestock  | 8. Monitoring: well ID                       |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| 2. Irrigation  | 9. Environmental Remediation: well ID        |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext   |  |                |               |                                | 1                                    | b) Open Loop    |                               |                              |   |                                  |  |
| 4. Industrial  | Recovery                                     | ∐ I            | Injection     |                                |                                      | 13. ∐ Otl       | ner (s                        | 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 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  |  |                |               |                                |                                      |                 |                               |                              |   | •••••                            |  |
| Nearest source of possible   |  | 10., 1 10111 . |               | . 11. 10                       |                                      | 10, 110111 .    |                               |                              |   |                                  |  |
| Septic Tank  | Lateral Line                                 | s $\square$    | Pit Privy     |                                | □L                                   | ivestock Per    | ıs                            | ☐ Insection                  | cide Storag                             | e                                |  |
| Sewer Lines  | Cess Pool                                    |                | Sewage L      | agoon                          |                                      | uel Storage     |                               |                              | oned Water                              |                                  |  |
| ☐ Watertight Sewer Line  |  |                | Feedyard      |                                | $\Box$ F                             | ertilizer Stor  | rage                          | ☐ Oil We                     | ll/Gas Wel                              | l                                |  |
| Other (Specify)  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| Direction from well?   |  |                | nce from v    |                                |                                      |                 |                               |                              |   |                                  |  |
| 10 FROM TO   | LITHOLOG                                     | FIC LOG        |               | FRO                            | M                                    | TO              | LITE                          | HO. LOG (cont.) or           | r PLUGGIN                               | IG INTERVALS                     |  |
|  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
|  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
|  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
|  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
|  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
|  |  |                |               | NT 4                           |                                      |                 |                               |                              |   |                                  |  |
| Notes:   |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
|  |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged   |  |                |               |                                |                                      |                 |                               |                              |   |                                  |  |
| under my jurisdiction an   | d was completed on (n                        | o-day, vec     | 1CA 110<br>r) | 14: 1 mis '                    | water '                              | wen was L       | ] COI                         | ustructed, $\ \ \ \ \ $ rect | v knowlec                               | , or □ prugged<br>loe and belief |  |
| Kansas Water Well Con  | tractor's License No                         |                | . This W      | ater Well                      | Reco                                 | rd was con      | nnlet                         | ed on (mo-day-v              | ear)                                    | ige and belief.                  |  |
| 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 ar   | d Environment, Bureau of V                   | Vater, Geolog  | y Section, 1  | 000 SW Jac                     | kson S                               | t., Suite 420,  | Горек                         | ka, Kansas 66612-136         | <ol><li>Telephor</li></ol>              | ie 785-296-3565.                 |  |

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