

WATER WELL RI		** ** C-3			ion of Water		W 11 ID		
		ge in Well Use			rces App. No.	T 1: N 1	Well ID	NY 1	
1 LOCATION OF WA	Fraction		Section	on Number	Township Numb		ige Number		
County:		/4 1/4			T S	R	$\Box E \Box W$		
2 WELL OWNER: La	st Name:	First:	· · · · · · · · · · · · · · · · · · ·						
Business: Address:	direction from nearest town or intersection): If at owner's address, check here:							eneck nere:	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL		ft	5 Letitud	· ·		(daaimal daamaa)			
WITH "X" IN	Depth(s) Groundwater		8						
	SECTION BOA: (1) ft or (1)								
WELL'S STATIC WATER LEVEL:									
below land surface, measured on (mo-day-yı				····· GPS (unit make/model:					
above land surface, measured on (mo-day Pump test data: Well water was				(11 11 11 11 11 11 11 11 11 11 11 11 11					
					☐ Land Survey ☐ Topographic Map				
W E	after hours Well w			☐ Online Mapper:					
SW SE									
	after hours pumping gp Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to fr								
mile	in. to ft.				☐ Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID				ield Water Supply: 1			
Household	6. Dewaterin								
☐ Lawn & Garden ☐ Livestock	7. ☐ Aquifer Ro 8. ☐ Monitorin								
2. ☐ Irrigation									
3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr				a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. ☐ Industrial	☐ Recovery					(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 in. Weightlbs./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:									
☐ 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 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 contamination:									
☐ Septic Tank	☐ Lateral Line				ivestock Pens		cide 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 v	 vell?			ft			
10 FROM TO	LITHOLOG		FROM			THO. LOG (cont.) o		G INTERVALS	
Notes:									
11 CONTDACTOD'S OD I ANDOWNED'S CEDTIFICATION. This wester well was Described in the contract of the contract									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)									
Kansas Water Well Contractor's License No									
under the business name	of					on (ino day y	····		
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	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