

| WATER WELL RE | | // // C-3 | 03040 | | ion of Water | | W 11 ID | | |
|--|---|------------------------|---------------------------------|--|---|------------------------|---------------|------------|--|
| | | e in Well Use | | | rces App. No. | | Well ID | NY 1 | |
| 1 LOCATION OF WATER WELL: | | Fraction | 1/ 1/ | Secti | on Number | Township Numb | | ige Number | |
| County: | 1/4 1/4 | 1/4 1/4 | . D | 1 4 1 1 | T S | R | □E □W | | |
| 2 WELL OWNER: Last Business: | First: | | | | | | <u> </u> | | |
| Address: | direction from nearest town or intersection): If at owner's address, check he | | | | | | | meck nere: | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | L : | ft | 5 Lotitud | n• | | (daaimal daamaa) | | | |
| WITH "A" IN | Depth(s) Groundwater I | | | | | | | | |
| SECTION BOA: $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | | | | | | | | | |
| WELL'S STATIC WATER LEVEL: | | | | | | | | | |
| □ below land surface, measured on (mo-day- | | | | O GPS (unit make/model: | | | | | |
| NW X NE 1 | measured on (mo-d | easured on (mo-day-yr) | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | ater was | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | after hours | | | Online Mapper: | | | | | |
| SW SE | Well w | | | | | | | | |
| 1 1 . 1 . 1 1 | after hours pumping | | | m 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| | Bore Hole Diameter: in. to | | | | | | | | |
| mile | in. to f | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | |
| ☐ Lawn & Garden | 7. Aquifer Recharge: well ID | | | | | | | | |
| ☐ Livestock | 8. Monitoring | | 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 | | | | | | | | | |
| 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. to ft. from ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | | | | ivestock Pens | | icide 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) □ Other (Specify) | | | | | | | | | |
| Direction from well? | | Distance fron | n. wall? | | | ft | | | |
| 10 FROM TO | LITHOLOG | | FRC | | | THO. LOG (cont.) o | | GINTERVALS | |
| 10 1 KOM 10 | LITHOLOG | JIC LOG | TRO | 7141 | TO E | THO. LOG (cont.) o | 11 Le Gon v | SHVIERVILD | |
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| | | | | | | | | | |
| Note | | | | | es: | | | | |
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| | | | | | | | | | |
| 11 CONTRACTOR'S O | R LANDOWNER'S | S CERTIFICATI | ON: This | water v | well was 🔲 | constructed, 🗌 reco | onstructed, | or plugged | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | |
| Kansas Water Well Contra | ctor's License No | This | Water Wel | I Keco | rd was comp | leted on (mo-day-y | ear) | | |
| under the business name o | d one copy to WATER W | FILOWNER and rate | ain one for vo | IIr record | is Fee of \$5 or | for each constructed w | ell | | |
| 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 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