

| WATER WELL R  |  | VV VV C-3                        | 00423                           |  | ion of Water                      |                                 | W 11 ID                      |             |  |
|---|--|----------------------------------|---------------------------------|--|-----------------------------------|---------------------------------|------------------------------|-------------|--|
|   |  | e in Well Use                    | 1                               |  | rces App. No.                     |                                 | Well ID                      | N. 1        |  |
| 1 LOCATION OF WA  | Fraction   | 1/ 1/                            | Section                         | on Number  | Township Numb                     |                                 | ge Number                    |             |  |
| County:   |  | 1/4 1/4                          | D                               | 1 4 1 1 1  | T S                               | R                               | □ E □ W                      |             |  |
| 2 WELL OWNER: La<br>Business:   | st Name:   | First:                           |                                 | treet or Rural Address where well is located (if unknown, distance and |                                   |                                 |                              |             |  |
| Address:  | direction from nearest town or intersection): If at owner's address, check here: |                                  |                                 |  |                                   |                                 |                              | :neck nere: |  |
| Address:  |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| City:   | State:   | ZIP:                             |                                 |  |                                   |                                 |                              |             |  |
| 3 LOCATE WELL   | •  | ft. 5 Latitude:(decimal degrees) |                                 |  |                                   |                                 |                              |             |  |
| WITH "X" IN   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| SECTION BOX:  | 1 2) tt 3) tt or /1) [ 1   |                                  |                                 |  |                                   |                                 |                              |             |  |
| N   | WELL'S STATIC WATER LEVEL:   |                                  |                                 |  |                                   |                                 |                              |             |  |
|   | □ below land surface, measured on (mo-day-yr                                     |                                  |                                 |  | ······ GPS (unit make/model:)     |                                 |                              |             |  |
| NW NE - X   | $ W_{-} _{-NE}  X $ above land surface, measured on (mo-day-yr)                  |                                  |                                 |  | ······ (WAAS enabled? ☐ Yes ☐ No) |                                 |                              |             |  |
|   | Pump test data: Well w   |                                  | ☐ Land Survey ☐ Topographic Map |  |                                   |                                 |                              |             |  |
| W E   | after hours  |                                  |                                 | Online Mapper:   |                                   |                                 |                              |             |  |
| SW SE   | Well w   |                                  |                                 |  |                                   |                                 |                              |             |  |
|   | after hours pumping gpr Estimated Yield:gpm                                      |                                  |                                 | <b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC                           |                                   |                                 |                              |             |  |
| S   | Bore Hole Diameter:  | ft. and                          |                                 |  |                                   |                                 |                              |             |  |
| 1 mile  |  |                                  | Other                           |  |                                   |                                 |                              |             |  |
| 7 WELL WATER TO BE USED AS:   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| 1. Domestic: 5. Public Water Supply: well ID  |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| ☐ Household   | 6. ☐ Dewaterin   |                                  |                                 |  |                                   |                                 |                              |             |  |
| ☐ Lawn & Garden   | 7. 🗌 Aquifer Re  |                                  |                                 |  |                                   |                                 |                              |             |  |
| Livestock   |  | g: well ID                       |                                 |  |                                   |                                 |                              |             |  |
| 2. Irrigation   |  | al Remediation: well             |                                 |  |                                   |                                 |                              |             |  |
| 3. Feedlot  | ☐ Air Sparge   | r Extraction                     | l                               | b) Open Loop   |                                   |                                 |                              |             |  |
| 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       □ PVC       □ Other (Specify)   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| ☐ Steel     ☐ Steinless 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. to ft.   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other  |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| Grout Intervals: From   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| Nearest source of possible contamination:   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| ☐ Septic Tank☐ Sewer Lines  | Lateral Line   |                                  |                                 |  | ivestock Pens<br>uel Storage      |                                 | cide Storage<br>oned Water ' |             |  |
| ☐ Watertight Sewer Lin  | ☐ Cess Pool es ☐ Seepage Pit   | ☐ Sewage I<br>☐ Feedyard         |                                 |  | uei Storage<br>ertilizer Storag   |                                 |                              | wen         |  |
| □ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well       □ Other (Specify)     □ Other (Specify)            |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| Direction from well?  |  | Distance from                    | well?                           |  |                                   | ft                              |                              |             |  |
| 10 FROM TO  | LITHOLOG   |                                  | FRO                             |  |                                   | THO. LOG (cont.) o              |                              | G INTERVALS |  |
|   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
|   |  |                                  |                                 |  |                                   |                                 | ·                            |             |  |
|   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
|   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
|   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
|   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
|   | Notes:   |                                  |                                 |  |                                   |                                 |                              |             |  |
|   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| 44 001/22 1 2 2 2 2   | OD I 1170 OF THE !!  | ODDETES A . TO                   |                                 |  | ., —                              |                                 |                              |             |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well wasconstructed,reconstructed, orplugged   |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| under my jurisdiction and was completed on (mo-day-year)  |  |                                  |                                 |  |                                   |                                 |                              |             |  |
| under the business name   | of   | 11118 V                          | vaici WEII                      | NECO   | iu was comp                       | u on (mo-day-y                  | cai <i>j</i>                 |             |  |
| under the business name   | Send one copy to WATER W   | ELL OWNER and retai              | n one for you                   | r record   | ls. Fee of \$5.00                 | ) for each <u>constructed</u> w | ell.                         |             |  |
| 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