

WATER WELL RI		V			ion of Water		777 II ID		
		e in Well Use		Resources App. No.		T 1: N 1	Well ID	NY 1	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4		Section Number		Township Numb		ige Number	
County: 2 WELL OWNER: Last Name:				D 1	1 4 1 1 1	T S	R	□ E □ W	
Business:	First:				Address where well is located (if unknown, distance and				
Address:	direction from nearest town or intersection): If at owner's address, check here:							check here.	
Address:									
City:	State:	ZIP:			T				
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude :(decimal degrees)					
WITH "X" IN	SECTION BOX: Depth(s) Groundwater Encountered: 1)				ft. Longitude:(decimal degrees)				
	N 2) ft. 3) ft., or 4) \square					□ WGS 84 □ NAI			
	WELL'S STATIC WATER LEVEL:					r Latitude/Longitude			
	below land surface, measured on (mo-day-yn above land surface).					(unit make/model:			
NW NE	Pump test data: Well w			• • • • •	(WAAS enabled? ☐ Yes ☐ No)				
w E	after hours		☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
	Well w			Опшие маррет					
SW SE	after hours	. gpm		6 Florestion:					
<u> </u>	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S 1 mile	Bore Hole Diameter: in. to				Other				
1 mmc m. to tc.									
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 I					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. Monitoring								
2. Irrigation									
3. Feedlot Soil Vapor Ex					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?									
8 TYPE OF CASING USED: Steel PVC Other									
Casing diameter									
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., From ft., From ft., From ft.									
GRAVEL PACK INTERVALS: From									
Grout Intervals: From									
Nearest source of possible									
Septic Tank	Lateral Line				ivestock Pens		cide Storage		
Sewer Lines	Cess Pool	☐ Sewage La	agoon		uel Storage		oned Water	Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well									
Direction from well?									
10 FROM TO	LITHOLOG		FROM			THO. LOG (cont.) or		G INTERVALS	
			NT - 4 -						
Notes:									
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 Cont	tractor's License No	This W	ater Well	Recor	rd was comp	leted on (mo-day-y	ear)		
under the business name	of	TELL OWNER . 1	ono f		la Εα£Φ5 00	for each	.11		
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.									