

| | | | | | | ision of Water burces App. No. Well ID | | | | |
|--|---|----------------------|-------------|----------------------------------|---|--|------------|---------|----------------|--|
| | | Fraction | | | urces App. Notion Number | | | | ge Number | |
| 1 LOCATION OF WATER WELL: County: | | 1/4 1/4 | 1/4 1/4 | Beet | ion ivallioci | T | S R | | □ E □ W | |
| 2 WELL OWNER: La | ast Name: | First: | | or Rura | al Address v | where well is loc | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Address: City: | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | |
| WITH "X" IN | 4 DEPTH OF COM | | | 5 Latitude:(decimal degrees) | | | | | | |
| SECTION BOX: | Depth(s) Groundwater I | | | Longitude: | | | | | | |
| N | 2) ft. 3) ft., or 4) ☐ Dry V WELL'S STATIC WATER LEVEL: f | | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | | |
| | below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | | | |
| NW NE | above land surface, | | | (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| | Pump test data: Well w | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E | after hours Well w | | | ☐ Online Mapper: | | | | | | |
| SW SE | after hours | | | | | | | | | |
| | Estimated Yield:gpm | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| S | Bore Hole Diameter: | | l | Source: | | | | | | |
| 1 mile in. to ft. | | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | 10 🗆 Oil | Field Water Sun | alv. lease | | | |
| ☐ Household | 6. ☐ Dewatering: how many wells? | | | | | | | | | |
| Lawn & Garden | 7. 🗌 Aquifer Ro | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | | |
| Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extrac | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | | |
| 4. ☐ Industrial | ☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj ☐ Recovery ☐ Injection 13. ☐ Other (specify): | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \[\sqrt{Yes} \] No If yes, date sample was submitted: | | | | | | | | | | |
| Water well disinfected? \square Yes \square No | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | | |
| Casing diameter in. to ft., Diameter ft., Diameter ft. | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | | | | |
| ☐ Sewer Lines | Cess Pool | ☐ Sewage | Lagoon | | Fuel Storage | | bandoned | | Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FRO | | | LITHO. LOG (co | | JGGIN | G INTERVALS | |
| 10 1110111 10 | | 010 20 0 | | ,,,, | 10 | 2111101200(40 | , 01120 | 300111 | 011/1211/1125 | |
| | | | | | | | | | | |
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| | | | NT 4 | | | | | | | |
| | Notes: | | | | | | | | | |
| | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged | | | | | | | | | | |
| under my jurisdiction ar | nd was completed on (m | no-dav-vear) | | . and t | his record is | true to the best | of my kn | nowleds | ge and belief. | |
| Kansas Water Well Con | ntractor's License No | This | Water We | ll Reco | ord was com | pleted on (mo-c | lay-year) | | | |
| under the business name | Send one convite WATER W | /FII OW/NED and act | ain one for | uir reco | rds Fac of \$5 | 00 for each construc | eted well | ••••• | ••••• | |
| 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. | | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |