

| WATER WELL RI | | ** ** C-3 | 55450 | | 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 | 1/ 1/ | Secti | on Number | Township Numb | | ige Number | | |
| County: | | 1/4 1/4 | D | 1 4 1 1 1 | T S | R | □E □W | | |
| 2 WELL OWNER: La Business: | st Name: | First: | | treet or Rural Address where well is located (if unknown, distance an | | | | | |
| Address: | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | meck nere: | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | : | ft | 5 Lotitud | ·· | | (daaimal daamaa) | | | |
| WITH "X" IN | | | | | | | | | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | | | | |
| | □ below land surface, measured on (mo-day-yr | | | | ······ GPS (unit make/model:) | | | | |
| NW NE | above land surface, measured on (mo-day-yr | | | | ······ (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W X E | after hours | | | Online Mapper: | | | | | |
| SW SE | Well w | | | | | | | | |
| | after hours pumping gp Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: in. to f | | | | | | | | |
| mile | Bote Hole Blameter | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | |
| ☐ Household | 6. ☐ Dewaterin | | | | | | | | |
| Lawn & Garden | 7. ☐ Aquifer R | | | ☐ Case | d Uncased | Geotechnica | 1 | | |
| ☐ Livestock | 8. Monitorin | | | | | | | | |
| 2. Irrigation | 9. Environmenta | | a) Closed Loop | | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extr | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | |
| 4. Industrial | Recovery | ☐ Injection | | | 13. ☐ Othe | (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 ft., Diameter ft., Diameter ft. | | | | | | | | | |
| 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) | | | | | | | | | |
| □ Conditious Stot □ Min Stot □ Gauze Wrapped □ Total Cut □ Diffied Holes □ Other (Specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| 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 1 | | | uel Storage | | oned Water | Well | |
| ☐ Watertight Sewer Lin | | | | ☐ F | ertilizer Storaş | ge □ Oil We | ell/Gas Well | | |
| ☐ Other (Specify) | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FRO | | | п ТНО. LOG (cont.) о | | CINTEDVALC | |
| 10 FROM 10 | LITHOLOG | JIC LUG | FRO | IVI | 10 Li | THO. LOG (cont.) 0 | PLUGGIN | JINIERVALS | |
| | | | | | | | | | |
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| | | | Notes | S: | | | | | |
| 110000 | | | | | | | | | |
| | | | | | | | | | |
| 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 V | Water Well | Reco | rd was comp | leted on (mo-day-y | ear) | | |
| under the business name | of | | | | | | | | |
| 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, Burgay of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367, Telephone 785-296-3565. | | | | | | | | | |
| Department of Health at | 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