

Board of Agriculture, Division of Water Resources
Application Number:

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter. in. to ft., and in. to ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well		
① Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	

Was a chemical/bacteriological sample submitted to Department? Yes. No.; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:		3 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass		Threaded.

Blank casing diameter 4 in. to 140 ft., Dia. in. to ft., Dia. in. to ft.

Casing height above land surface 9 ft. below in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	9 ABS	12 None used (open hole)
5 Fiberglass	6 Concrete tile		

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

6] GROUT MATERIAL:				1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals: From				9 ft. to	6 ft. to	ft. to	ft. to
What is the nearest source of possible contamination:				10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage None			
1 Septic tank	4 Lateral lines	7 Pit privy					
2 Sewer lines	5 Cess pool	8 Sewage lagoon					
3 Watertight sewer lines	6 Seepage pit	9 Feedyard					
Direction from well?				How many feet?			

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-20-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) under the business name of by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks. underline or circle the correct answers. Send for three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.