

					vision of Water						
1 LOCATION OF W		Fraction			arces App. No ion Number		ship Numbe	Well ID	nge Number		
County:			/ <sub>4</sub> 1/ <sub>4</sub>				ISIIIP INUIIION S	R	□ E □ W		
2 WELL OWNER: La	ast Name:	First:		r Rura	al Address v		~				
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and 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 COMPLETED WELL:				5 Latitude:(decimal degrees)						
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:						
N	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)				☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)						
NW NE	above land surface, measured on (mo-day-yr)										
	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:		Source: ☐ Land Survey ☐ GPS ☐ Topographic Ma ☐ Other								
1 mile  in. to ft. Uother											
7 WELL WATER TO BE USED AS:   1. Domestic:   5. □ Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?				11. Test Hole: well ID						
Lawn & Garden	7. 🗌 Aquifer Re			☐ 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 Extractive				a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. ☐ Industrial	• •						13. Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE?  \[ \text{Yes} \] 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 in. to 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)											
☐ 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											
Nearest source of possible contamination:   Septic Tank											
☐ Sewer Lines	☐ Cess Pool	☐ Sewage L		□ F	Fuel Storage		☐ Abando	ned Water	Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
10 FROM TO	LITHOLOG		FRO						G INTERVALS		
10 1110111 10		010 20 0	1110	.,,	10	21111012	3 6 (401111) 01	1200011	<u>O II (IIII)</u>		
			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 Con	tractor's License No	This W	ater Well	Reco	ord was con	npleted on	(mo-day-ye	ear)			
under the business name	Send one conv to WATED W	VELL OWNER and retain	one for you	ır recor	ds Fee of \$5	00 for each	constructed 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											