

| WATER WELL RECORD | | | | 9303 | | ion of Water | | W 11 ID | | | |
|--|--|-------------|--------------------------------|------------|---------------------------------|--|---------------------------|---------------|------------------|--|--|
| Original Record Correction | | in Well Use | | | | rces App. No | | Well ID | NY 1 | | |
| | | Fraction | / 1. | / 1/ | Secti | on Number | Township Num | | ige Number | | |
| County: | | | / ₄ 1/ ₂ | | D | 1 4 11 | T S | R | □E □W | | |
| 2 WELL OWNER: Last Name: Business: | First: | | | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, che Address: | | | | | | | | ineck nere: | | | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | ft | 5 I otitue | lo. | | (daaimal daamaa) | | |
| WITH "A" IN Donth(s) Crowndwater Engovertened 1 | | | | | 8, | | | | | | |
| SECTION BOX: ft or () | | | | | | | | | | | |
| N | | | | | | | | | | | |
| □ below land surface, measured on (mo-day-yr | | | | | | | S (unit make/model: . | |) | | |
| above land surface, measured on (mo-day-yr | | | | |) (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| Pump test data: Well water was ft. | | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E after | | | | | Online Mapper: | | | | | | |
| SW SE | Well water was ft. | | | | | | | | | | |
| after hours pumping | | | | . gpm | | 6 Elevati | on:f | t. Ground | Level TOC | | |
| S Bore Hole Diameter: | | | | ft and | | | ☐ Land Survey ☐ | | | | |
| 1 mile in. to | | | | | □ O4 | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | |
| | | | | | | | | | | | |
| ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | | | | | |
| | 8. Monitoring: well ID | | | | | | | | | | |
| | tion 9. Environmental Remediation: well ID | | | | | | | | | | |
| 3. Feedlot Air Sparge Soil Vapor Ext | | | | Extraction | 1 | b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 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? ☐ 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) | | | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| Nearest source of possible contamina | | , | | | | , | | | | | |
| | Lateral Lines | | it Privy | | | ivestock Pen | | icide Storage | | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | e from w | FRO | | | I LITHO. LOG (cont.) o | | CINTEDVALC | | |
| TO TROW TO | LITHULUG | IC LUG | | FKU | VI | 10 1 | 71110. LOG (cont.) (| I FLUGGIN | JINIEKVALS | | |
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| | | | | Notes | : | | | | | | |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged | | | | | | | | | | | |
| under my jurisdiction and was com | pleted on (mo | o-day-year) | | | and th | nis record is | true to the best of n | ny knowleds | ge and belief. | | |
| Kansas Water Well Contractor's L | icense No | | This W | ater Well | Reco | rd was com | pleted on (mo-day-y | year) | | | |
| under the business name of | 37 A (DED. 37) | | | | | 4- E C#7 (| 00 f1 | | | | |
| 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. | | | | | | | | | | | |

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html