

W	-		RECORD	-	n n C-3			ion of Wate	-		Well ID		
1	Original Record Correction Chang			e in Well Use Fraction		Resources App. No. Section Number			Township Number Range Numb		a Number		
T	County:				$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			T S			$\begin{array}{c} R \\ R \\ \Box E \\ \Box W \end{array}$		
2		OWNER:	Last Name	First:	-	treet or Rural Address where well is located (if unknown, dista							
-	Business:				irection from nearest town or intersection): If at owner's address, check here:								
	Address:						· · · —						
	Address:		G										
2	City:		State:										
3	WITH "	E WELL x" in	IPLETED WELL:	E <b>D WELL:</b> ft.			<b>5 Latitude</b> :						
	SECTIO			Encountered: 1)			Longitude:(decimal degrees)						
		2) ft. 3) ft., or 4) $\Box$ D WELL'S STATIC WATER LEVEL:						Datum: WGS 84 NAD 83 NAD 27					
Γ	WELL'S STATIC WATER LEVEL:									or Latitude/Longitude:			
									GPS (unit make/model:) (WAAS enabled? □ Yes □ No)				
	IN W	vater was			$\Box$ Land Survey $\Box$ Topographic Map								
w		ХЕ	~		pumping			Online Mapper:					
	SW				ater was								
	3₩	3E		after hours pumping gpm nated Yield:gpm					6 Elevation:ft.  Ground Level  TOC				
L		S			gpm in. to		Source:  Land Survey  GPS  Topographic Map						
ŀ		nile	Doie Hole L		in. to ft.			Other					
7	7 WELL WATER TO BE USED AS:												
	Domestic: 5. Debic Water Supply: well ID 10. Oil Field Water Supply: lease												
	_ Housel					11. Test Hole: well ID							
		Lawn & Garden 7. Aquifer Recharge: well ID								Uncased Ge			
		Livestock       8. Monitoring: well ID         Irrigation       9. Environmental Remediation: well ID								al: how many bores?			
	☐ Irrigati				••			Loop Horizontal					
	Feedlo			☐ Air Sparge ☐ Soil Vapor Extr ☐ Recovery ☐ Injection				b) Open Loop □ Surface Discharge □ Inj. of Wa 13. □ Other (specify):					
	Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:												
					C D Other	CA	SINC		<u>.                                    </u>	Clued Clemned	Walda	d 🗖 Threadad	
8 TYPE OF CASING USED: Steel Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter													
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
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)													
					ne wrapped S			× 1			ft to	ft	
bC					n ft. to								
9					Cement grout B								
					. ft., From								
Ne	arest sou	rce of possil	ole contamination	on:									
[	Septic '	Tank		Lateral Line	s 🗌 Pit Privy			ivestock Pe					
L	Sewer	Lines		Cess Pool	Sewage L	agoon	∐ Fi □ E	uel Storage	) 	Abandon		Well	
L	Other (	Igin Sewer L Snecify)		eepage Pit	Sewage L			ertilizer Sto	ладе	□ Oil Well/	Gas well		
Dii	ection fro	om well?			Distance from v	vell?				ft.			
	FROM	ТО		ITHOLOG		FROM				HO. LOG (cont.) or P	<u>LU</u> GGIN	G INTERVALS	
						<b>N</b> T - 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) 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-year)													
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.													
	-		neks.gov/waterwel		, seeing, seeini, i			, Sance 720,	, <b>.</b> opt	,		SA 82a-1212	