

W	_		RECORD		n n C-3	1099		sion of Wate			Wall ID		
1	Original Record Correction Change LOCATION OF WATER WELL:				e in Well Use Fraction	Resources App. No. Section Number			Township Number Range Nu		ge Number		
•	County:					/4 ¹ /4	been			T S	R	$\Box E \Box W$	
2	Business: Address: Address:	OWNER: 1		<u>.</u>	First: ZIP:		Street or Rural Address where well is located (if unknown, distance direction from nearest town or intersection): If at owner's address, check here						
3	City:	FWFII	State:										
5					IPLETED WELL: Encountered: 1)			5 Latitude:(decimal degrees)					
	SECTIO				Longrouder (decimal degrees)								
W	NW	NE	2) ft. 3) ft., or 4) □ 1 WELL'S STATIC WATER LEVEL: □ below land surface, measured on (mo-day-yr □ above land surface, measured on (mo-day-yr Pump test data: Well water was ft. after hours pumping gr Well water was ft. after hours pumping					Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: GPS (unit make/model:) Io) 		
			Estimated Y	Estimated Yield:gpm				6 Elevation:ft. Ground Lev					
		S	Bore Hole D		in. to ft. and			Source: Land Survey GPS Topographic Map					
1 mile in. to ft. □ Other													
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease													
2. 3.	Housel Housel Lawn d Livesto Irrigati	Household 6. Dewatering: how many wells? Lawn & Garden 7. Aquifer Recharge: well ID Livestock 8. Monitoring: well ID Irrigation 9. Environmental Remediation: well ID Feedlot Air Sparge Soil Vapor E						 11. Test Hole: well ID Cased Uncased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Horizontal Vertical 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 JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. to in. Weight lbs./ft. Wall thickness or gauge No. ft. TYPE OF SCREEN OR PERFORATION MATERIAL:													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
N	Grout Intervals: From												
10	FROM	TO	L	ITHOLOG	GIC LOG	FRO	М	TO	LITI	HO. LOG (cont.) or I	PLUGGIN	G INTERVALS	
						Notes	:						
ur K	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 <u>constructed</u> 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 <u>http://www.kdheks.gov/waterwell/index.html</u> KSA 82a-1212												