

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 <sup>1</sup> /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						<ul> <li>11. Test Hole: well ID</li> <li>Cased Uncased Geotechnical</li> <li>12. Geothermal: how many bores?</li> <li>a) Closed Loop Horizontal Vertical</li> <li>b) Open Loop Surface Discharge Inj. of Water</li> </ul>					
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												