

Original Record Correction Change in Well Use					Division of Water Resources App. No. Well ID					
1 LOCATION OF W		Fraction			ion Number		wnship Numbe	Well ID	nge Number	
County:			1/4 1/4	Scci	1		•	$\begin{bmatrix} Range Valide \\ R & \Box E \Box W \end{bmatrix}$		
2 WELL OWNER: La	ast Name:	First:		r Rura	al Address v	where w	vell is located			
Business: 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 COM			5 Latitude:(decimal degrees)						
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:					
N	WELL'S STATIC WA	ft		Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr).				GPS (unit make/model:)					
NW NE	above land surface,		• • • • • • • • • • • • • • • • • • • •	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
	Pump test data: Well w									
W E	after hours Well w									
SW SE - X		s pumping								
	Estimated Yield:				6 Elevation:ft. Ground Level TOC					
S			in. to ft. and			Source:				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
☐ Household	6. ☐ Dewatering: how many wells?									
Lawn & Garden	7. ☐ Aquifer R									
Livestock	8. Monitorin			12. Geothermal: how many bores?						
2. Irrigation	9. Environmenta			a) Closed Loop						
. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extract . ☐ Industrial ☐ Recovery ☐ Injection					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:										
8 TYPE OF CASING USED: Steel PVC Other										
Casing diameter in. to										
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 □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage										
☐ Sewer Lines	☐ Cess Pool	☐ Sewage I	Lagoon	□ I	Fuel Storage		☐ Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
10 FROM TO	LITHOLOG		FRO						G INTERVALS	
10 11011 10	LITHOLOG	GIC LOG	TRO	111	10	LITIIO.	LOG (cont.) or	LUGGII	G II (TEIC (TEE)	
			Note	s:						
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	ntractor's License No	This V	Vater Wel	l Reco	ord was com	npleted	on (mo-day-ye	ear)		
under the business name	e 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.										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										