							State	
WATER WELL RI					Division of Water			
Original Record	Correction Change in Well Use				Resources App. No.		Well ID	
1 LOCATION OF WA			Fraction		tion Number	Township Number T 26 S	Range Number R \checkmark Set \Box W	
2 WELL OWNER: Las Name: First: Mark Street or Rural Address where well is located (if unknown, distance and								
Business: 3/00 N Jackson and direction from nearest town or intersection): If at owner's address, check here: Da								
Address: City: Wic	lita	State: K	21P: 6720/					
3 LOCATE WELL A DEPTH OF COMPLETED WELL: 40 ft 5 Latitude 37. 7.394/1/42 (decime								
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude Q.7.3.4.2.9. 8.1.3(decimal degrees)			
N			3) ft., or 4)		Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:			
	\square below land surface measured on (mo-day-yr)					GPS (unit make/model:)		
NW NE M above land surface, measured on (mo-day-yr). S. 12. P (WAAS enabled?							Yes 🛛 No)	
	Pump test d	ata: well v	water was s pumping	п.	Land Survey Topographic Map Online Mapper:			
W E	Well water was ft.							
SWSE	after hours pumping							
S	Estimated Yield: 2.9. Fgpm Bore Hole Diameter:							
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 6. □ Dewatering: how many wells? 11. Test Hole: well ID							
Lawn & Garden	7. Aquifer Recharge: well ID							
Livestock	8. Monitoring: well ID 12. Geothermal: how many bores?							
2. Irrigation 3. Feedlot	9. Environmental Remediation: well IDa) Closed Loop							
4. Industrial	All Sparge Soli Vapor Extraction 0) Open Loop Surface Discharge Inj. of Watch Recovery Injection 13. Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? Yes MNo 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								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
□ Steel □ Stainless Steel □ Fiberglass								
Brass Galvanized Steel Concrete tile None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
Louvered Shutter SCREEN-PERFORATE	Key Punc	hed 🗌 V	Vire Wrapped	aw Cut	None (Open Ho	ole)		
SCREEN-PERFORATE	D INTERV	ALS: Fro	m	2. ft., From .	ft. to	ft., From	ft. to ft.	
GRAVEL PAC	KINTERV	ALS: Fro	m	ft., From	tt. to	ft., From	ft. to ft.	
9 GROUT MATERIAL: Neat cement Cement grout KBentonite Other								
Nearest source of possible contamination:								
Septic Tank	ic Tank 🗌 Lateral Lines 🗋 Pit Privy 📄 Livestock Pens 📄 Insecticide Storage							
Sewer Lines		Cess Pool Seepage Pi	- •		Fertilizer Storage			
Other (Specify)								
						·····	DI LICCINIC INTERVALS	
10 FROM TO	Thing		GIC LOG	FROM	то	LITTO. LOG (CONL) OF	PLUGGING INTERVALS	
2 13	Shand	u cl	alan			······································		
13 40	med -	Sana	- gravel					
			· · · · · · · · · · · · · · · · · · ·			·		
				Notes:	L			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged								
under my jurisdiction and was completed on (mo-day-year)								
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas 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 Revised 9/10/2012			