

				vv vv C-3	6697		ion of Wate			Well ID			
	Original Record         Correction         Change in Well           LOCATION OF WATER WELL:         Fraction			Fraction	Resources App. No. Section Number				Township Number         Range Number				
Count		WAILK WI	LL.		4 1/4	Secu		-1	T S	R	$\Box E \Box W$		
2 WELL		• Last Name		First:		r Rura	1 Address	whe	re well is located (i				
Business Address: Address:		irection from nearest town or intersection): If at owner's address, check here:											
City:		I	State:	ZIP:			1						
	LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitude:						
	WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitude:						
	N BOA:		2) ft. 3) ft., or 4) 🗌 Dry Wel					Datum: WGS 84 NAD 83 NAD 27					
	WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:						
				, measured on (mo-day				GPS (unit make/model:)					
NW	NE			, measured on (mo-day		•••••		(WAAS enabled? $\Box$ Yes $\Box$ No)		0)			
	Pump test data: Well water was						Land Survey Topographic Map						
W		E after.		vater was ft.			Online Mapper:						
SW	after hours pumping												
		Estimated					6 Elevation:ft.  Ground Level  TOC						
	S	Bore Hole	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map						
1	mile	ft.		□ Other									
7 WELL WATER TO BE USED AS:													
1. Domestic:     5.          Public Water Supply: well ID        6.          Department of Department wells?													
	☐ Household       6. □ Dewatering: how many wells?         □ Lawn & Garden       7. □ Aquifer Recharge: well ID												
Livest									al: how many bores?				
2. Irrigat									Loop 🗌 Horizontal				
	3. □ Feedlot □ Air Sparge □ Soil Vapor Ex						b) Open Loop $\square$ Surface Discharge $\square$ 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? $\Box$ Yes $\Box$ 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													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
Steel       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)													
$\Box$ Louvered Shutter $\Box$ Key Punched $\Box$ Wire Wrapped $\Box$ Saw Cut $\Box$ None (Open Hole)													
SCREEN-PERFORATED INTERVALS: From													
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.													
9 GROUT MATERIAL:  Neat cement  Cement grout Bentonite Other													
				ft., From	. ft. to		ft., From	•••••	ft. to	ft.			
Nearest sou		sible contamina	tion: ] Lateral Line	es 🗌 Pit Privy		ПΤ	ivestock Pe		🗖 Inagatiai	da Stanaga			
☐ Septic			Cess Pool	$\square$ Sewage L	agoon		uel Storage		☐ Insecticio ☐ Abandon		Well		
			Seepage Pit				ertilizer Sto				wen		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)													
	om well?	<u></u>		Distance from w									
10 FROM	TO		LITHOLO	GIC LOG	FRO	М	TO	LIT	HO. LOG (cont.) or H	PLUGGIN	G INTERVALS		
					_								
	+				+								
					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 <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.													
			KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 783-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										