

W					n n C-3	4153		ion of Wate			Well ID		
1		Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction					Resources App. No. Section Number			Township Number Range Number			
T	County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						Secu	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
2			Last Name:		First:		eet or Rural Address where well is located (if unknown, distance and						
-	Business: Address: Address:			irection from nearest town or intersection): If at owner's address, check here:									
2	City:			State:	ZIP:								
3		LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:						. ft. 5 Latitude:(decimal degrees)					
	SECTIO		X • Depth(s) Groundwater Encountered: 1)							e:			
	Ν			3) ft., or 4) TER LEVEL:					WGS 84 🗌 NAD	83 🗌 N	IAD 27		
		X					Latitude/Longitude:		`				
	NW				nd surface, measured on (mo-day-yr ad surface, measured on (mo-day-yr			□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)					
		NL		Pump test data: Well water was ft.				\Box Land Survey \Box Topographic Map					
W		E after hours pumping											
	SW												
		- SW SE after hours pumping						6 Elevation:ft. Ground Level				Level □ TOC	
	<u> </u>	 `			gpm in. to	ft. and							
	1 n	nile				□ Other							
7	1 mile												
1.	. Domestic: 5. Dublic Water Supply: well ID												
		Household 6. Dewatering: how many wells?											
	_	Lawn & Garden 7. Aquifer Recharge: well ID								$\Box \text{ Uncased } \Box \text{ G}$ al: how many bores?			
2	□ Livestock 8. □ Monitoring: well ID □ Irrigation 9. Environmental Remediation: well ID									Loop [] Horizonta			
	. Feedlot Air Sparge Soil Vapor Ex							b) Open Loop \Box Surface Discharge \Box Inj. of Water					
4.	🗌 Industr	ial		Recovery	☐ Injection			13. Other (specify):					
W	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
W	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 ft.													
	Casing height above land surface												
I	TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify)												
	Steel Stainless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)												
SC	SCREEN OR PERFORATION OPENINGS ARE:												
	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
			🗌 Key Punch					ne (Open H	/				
S					1 ft. to								
0	GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
			ible contaminati			0	•••••	, 1 10111					
	Septic 7	Fank		Lateral Line				ivestock Pe		🗌 Insectici			
	Sewer I			Cess Pool	□ Sewage L	agoon		uel Storage		Abandor		Well	
		ght Sewer l	Lines 🗌 S	seepage Pit	☐ Feedyard		\Box F	ertilizer Sto	orage	🗌 Oil Well	/Gas Well		
					Distance from w					ft			
	FROM	TO		ITHOLOG		FRO		ТО	LIT	HO. LOG (cont.) or I	PLUGGIN	G INTERVALS	
										× /			
			+										
			+			Note	s:						
			1				- •						
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) 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 constructed well.													
	-				Vater, Geology Section, 1	000 SW Ja	ckson St	t., Suite 420,	, Торе	eka, Kansas 66612-1367			
	visit us at h	up://www.kd	lheks.gov/waterwel	/index.html							K	SA 82a-1212	