

	** ** C-3	2-101	- D	ivision of Wate			W-11 ID			
Original Record Correction Chang LOCATION OF WATER WELL:	ge in Well Use Fraction			sources App. Nection Numbe		Torrachin Numb	Well ID	a Numbar		
	1/4 1/4	1/4	1/4	ection Numbe	r	Township Numb	er Rai	nge Number □ E □ W		
County: 2 WELL OWNER: Last Name:	-	Rural Address where well is located (if unknown, distance and								
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
Address:										
Address:										
City: State:	ZIP:			1						
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude:										
WITH "A" IN Donth(s) Groundwater		8								
SECTION BOX:	2) ft. 3) ft., or 4) \square Dry				Bongica de Comar de Circos					
N WELL'S STATIC WA	WELL'S STATIC WATER LEVEL: ft.				Source for Latitude/Longitude:					
□ □ below land surface	☐ below land surface, measured on (mo-day-yr)				PS (1	unit make/model:)		
					(11111111111111111111111111111111111111					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
	after hours pumpinggpm					☐ Online Mapper:				
	Well water was ft. after hours pumping gpm									
	Estimated Yield:gpm				6 Elevation :ft. ☐ Ground Level ☐ TOC					
	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map					
	in. to									
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. ☐ Public Water Supply: well ID										
☐ Household 6. ☐ Dewaterin	6. Dewatering: how many wells?									
	7. Aquifer Recharge: well ID									
	8. Monitoring: well ID					2. Geothermal: how many bores?				
	9. Environmental Remediation: well ID				a) Closed Loop _ Horizontal Uvertical					
	☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj. of Wat									
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 diameter										
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)										
□ Conditious Stot □ Min Stot □ Gauze Wrapped □ Total Cut □ Drined Holes □ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From										
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.										
9 GROUT MATERIAL: Neat cement 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 Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
10 FROM TO LITHOLOG		om wei	FROM			HO. LOG (cont.) or		CINTEDVALS		
TO FROM TO LITHOLOG	GIC LOG		FKOM	10	LII.	HO. LOG (cont.) of	FLUGGIN	GINTERVALS		
			Notes:							
110003										
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 Contractor's License No										
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. 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.										

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html