

M	_		RECORD	-	11110-5	6336		ion of Wat			W-11 ID		
1	Original Record Correction Chang							ion Number Township Numb			Well ID er Range Number		
I	County:										$\Box E \Box W$		
2	2	OWNER: 1	ast Name:		First:	Street or Rural Address where well is direction from nearest town or intersection): If				re well is located (ocated (if unknown, distance and		
-	City:			State:	ZIP:								
3	LOCAT WITH "		4 DEPTH	OF COM	PLETED WELL: ft.			5 Latit	ude:			(decimal degrees)	
	SECTIO			Encountered: 1)			Longitude:(decimal degrees)						
w	N	N NE E	WELL'S ST below la above la Pump test da after	 2) ft. 3) ft., or 4) □ WELL'S STATIC WATER LEVEL: □ below land surface, measured on (mo-day-yr □ above land surface, measured on (mo-day-yr Pump test data: Well water was ft. after hours pumping gg Well water was ft. after hours pumping gg 			ft. Source for L) GPS (unit)) (With the constraints) om Land State om Online			WGS 84			
			Estimated Y			gpm			6 Elevation:ft. Ground Level TOC				
					in. to ft. and			Source: \Box Land Survey \Box GPS \Box Topographic Map					
	1 mile WELL WATER TO BE USED AS:				in. to ft.			□ Other					
1. 2. 3.	WELL V Domestic: Housel Lawn d Livesto Irrigati Feedlo	nold & Garden ock on t	AS: Public Wa Dewaterin Aquifer Ra Monitoring vironmenta Air Sparge Recovery		 	 10. Oil Field Water Supply: lease 11. Test Hole: well ID Cased Duncased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water 13. Other (specify): 							
	Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:												
	Water well disinfected? Yes No 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Threaded												
Ca Ca T S	Casing diameter												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Gr	out Interv	als: From	ft. to		. ft., From	. ft. to		ft., From		ft. to	ft.		
Grout Intervals: From													
10	FROM	TO	Ι	ITHOLOG	GIC LOG	FROM	M	ТО	LIT	HO. LOG (cont.) or l	PLUGGIN	G INTERVALS	
							-+						
						Notes	:	I					
un Ka	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 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.												
	-		eks.gov/waterwel		. ,			- ,	1			SA 82a-1212	