

W	_		RECORD		n n C-3	2199	Divis	sion of Wate	er					
	Original Record Correction Change in Well Use						Resources App. No			Well ID Well				
1	LOCATION OF WATER WELL:				Fraction	, ,	tion Numbe	on Number Township Num						
	County				4 <sup>1</sup> /4					R				
2	WELL Business: Address:	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:													
3	City: LOCAT	FWFII		State:										
5	WITH "X" IN 4 DEPTH OF COMPLETED WELL:							5 Latitude:(decimal degrees)						
	SECTIO			Encountered: 1)		Longitude:								
	Ν	N $(12)$								Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27				
	below land surface measured on (mo day yr)							Source for Latitude/Longitude:						
	NW	X	/-yr)			(WAAS enabled? $\Box$ Yes $\Box$ No)								
	11,0,			Pump test data: Well water was ft.					□ Land Survey □ Topographic Map					
W		E	after	after hours pumping gpm					Online Mapper:					
	SW	SE	6	Well water was ft.										
		1		after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft.  Ground Level  TOC					
		 S		gpm in. to	ft. and									
	1 n	nile		in. to		□ Other								
7 WELL WATER TO BE USED AS:														
	Domestic:				ter Supply: well ID		10. 🗌 Oil Field Water Supply: lease							
	☐ Household 6. ☐ Dewatering: how many wells								11. Test Hole: well ID					
		Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well ID						Cased Uncased Geotechnical 12. Geothermal: how many bores?						
	Livesto			0										
	. Irrigation       9. Environmental Remediation: well ID         . Feedlot       Air Sparge         . Soil Vapor E:							a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water						
	Industr			Recovery	Injection			13. Other (specify):						
W	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 O	F CASING	GUSED: 🗆 St	teel DV	C 🗌 Other	C	ASIN	IG JOINTS	S: 🗆	Glued Clamped	U Welde	d 🗌 Threaded		
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.														
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No														
ΤY	TYPE OF SCREEN OR PERFORATION MATERIAL:													
	Steel       Stainless Steel       Fiberglass       PVC       Other (Specify)         Brass       Galvanized Steel       Concrete tile       None used (open hole)													
SC	□ 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)													
					ire Wrapped $\Box$ S									
SC	CREEN-P	PERFORAT	ED INTERVA	ALS: From	1 ft. to	ft., F	rom	ft. te	o					
	GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft.													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other														
			ft. to <b>le contaminati</b>		ft., From	. ft. to	•••••	ft., From		It. to	ft.			
	Septic '	-		ateral Line	s 🗌 Pit Privy			Livestock Pe	ens	☐ Insectic	ide Storage			
	Sewer I			Cess Pool	Sewage L	agoon		Fuel Storage		Abando				
		ght Sewer L		eepage Pit	Feedyard		🗆 F	Fertilizer Sto	orage	🗌 Oil Wel	ll/Gas Well			
	☐ Other (Specify) Direction from well? ft.													
	FROM	TO		ITHOLO			FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS							
10	TROW	10	L	molo		TRU	11/1	10	LII		LUCOIN	O 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.												e 785-296-3565.		
	-		eks.gov/waterwell						-			SA 82a-1212		