WATER WELL R		Divis	sion of Water			
	Correction Change in Well Use		irces App. No.		Well ID	
1 LOCATION OF W		Sect	ion Number	Township Nymber		
County: SALINDE SEXNEXNEX SIDX 31 T148 R2 DEXW						
2 WELL OWNER: L	ast Name: HU First: JIN			ere well is located (i		
Business: 1233	SHORE LINE DR.	direction from ne	earest town or inte	rsection): If at owner's	address, check here:	
1 111 11 11 11 11 11 11 11 11 11 11 11						
City: SALIN	0 A State: Ku ZIP: 6740		Une	PELLINE .	DE.	
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL		· · ·			
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				(decimal degrees)	
SECTION BOX:	2) ft. 3) ft., or				(decimal degrees)	
WELL'S STATIC WATER LEVEL: ft Source for Latitude/Longitude:					LI NAD 65 LI NAD 27	
	below land surface, measured on (mo-	lay-yr) 0.4.:12:-//	GPS (unit make/model:			
NW NE	above land surface, measured on mo-	lay-yr)	(WAAS enabled? Yes No)			
	Pump test data: Well water was	ft.				
W	Well water was		☐ Onlin	e Mapper:		
SW SE	after hours pumping					
	Estimated Yield:gpm	5p	6 Elevation	a:ft.	☐ Ground Level ☐ TOC	
S	Bore Hole Diameter:	ft. and		•	PS 🔲 Topographic Map	
mile	in. to			Other		
7 WELL WATER TO BE USED AS:						
1. Domestic:	5. Public Water Supply: well ID				se	
Household	6. Dewatering: how many wells			e: well ID Uncased 🔲 Ge		
Livestock	 7. ☐ Aquifer Recharge: well ID 8. ☐ Monitoring: well ID 			nal: how many bores?		
2. Irrigation	9. Environmental Remediation: we			Loop Horizontal		
3. ☐ Feedlot		or Extraction			harge 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:						
Westernal disinfected NV Ves DNo						
8 TYPE OF CASING USED: Steel XPVC Other CASING JOINTS: Science Clamped Welded Threaded						
8 TYPE OF CASING USED: Steel PVC Other						
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. 3. 12						
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 1000 Gauze Wrapped Torch Cut Drilled Holes Other (Specify)						
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw.Cut □ None (Open Hole)						
SCREEN-PERFORATED INTERVALS: From						
Louvered Shutter						
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From						
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						
(Control of the Control of the Contr						
Direction from well?	JOUTH Distance from	n well?		ft.		
10 FROM TO	LITHOLOGIC LOG	FROM	TO LI	THO. LOG (cont.) or P	LUGGING INTERVALS	
0 3	FILL DIET					
3 12	CLAY BEDION GILTY					
12 14	CLAV GAAY					
14 38	VANDY LOOM TAD					
38 55	SAND FINE TO MED	TAN				
00	SHALK GRAY					
		Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This waster well was N constructed Tracent and I should be a constructed or Table and the same tracent and the						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, 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 L.S.T. INGER. P.M. Signature						
Kansas Water Well Contractor's License No. C. This Water Well Record was completed on (Ino-day-year) D. This Water Well Record was completed on (Ino-day-year)						
under the business name of PLSTINGER PUMP SLRV C Signature Jan S						
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GW15 Section,						
1	ong with a fee of \$5.00 for each constructed well to:	Kansas Department o	of Health and Env	ironment, Bureau of Wate	GW1S Section,	
1	ong with a fee of \$5.00 for each constructed well to: t., Suite 420, Topeka, Kansas 66612-1367. Mail on	Kansas Department o	of Health and Enver and retain one for	ironment, Bureau of Wate	r, GW1S Section,	