WATER WELL P			sion of Water				
	Correction Change in Well Use	Resources App. No. Well ID					
1 LOCATION OF W	County: SALINE Fraction Section Number Township Number Range Number R 2 DE XW						
2 WELLOWNED							
2 WELL OWNER: Last Name: NICHOLS First: CAEL 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:							
City. O A 21 C/4 State. 13 Zir. W 107							
3 LOCATE WELL WITH "X" IN	4 DEPTH OF COMPLETED WELL:	40. ft.	5 Latitude:		(decimal degrees)		
SECTION BOX:	Depth(s) Groundwater Encountered: 1)	2.4 ft.	Longitud	le:	(decimal degrees)		
N	2) ft. 3) ft., or 4) Dry Well WELL'S STATIC WATER LEVEL: 29 ft. Datum. WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				33 🔲 NAD 27		
		below land surface, measured on (mo-day-yr) 1.1-01-13			Source for Latitude/Longitude: GPS (unit make/model:)		
NW NE		above land surface, measured on (mo-day-yr)					
	Pump test data: Well water was ft.						
W E		after hours pumping					
SW SE	Well water was ft. after hours pumping gpm						
	Estimated Vield: gnm	ated Vield: gram 6 Elevation:ft. Ground Level G			☐ Ground Level ☐ TOC		
S	Bore Hole Diameter: in. to	ole Diameter: Gramman, in. to How to and Source: Land Survey GPS Topograph					
mile in. to tt.							
7 WELL WATER TO BE USED AS:							
1. Domestic:	5. Public Water Supply: well ID				e		
☐ Household ☐ Lawn & Garden	6. ☐ Dewatering: how many wells?7. ☐ Aquifer Recharge: well ID	11. Test Hole: well ID					
Livestock					12. Geothermal: how many bores?		
2. Trrigation		9. Environmental Remediation: well ID			a) Closed Loop		
3. Feedlot					narge 🔲 Inj. of Water		
4. Industrial Recovery Injection 13. Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? Yes You If yes, date sample was submitted:							
Water well disinfected? ▼Yes □ No 8 TYPE OF CASING USED: □ Steel ▼PVC □ Other							
Casing diameter in. to							
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)							
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)							
SCREEN-PERFORATED INTERVALS: From							
GRAVEL PAG	CK INTERVALS: From 🚜 ft. to 4	O ft., From	ft. to	ft., From	ft. to ft.		
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
Nearest source of possible contamination:							
Sewer Lines	☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well						
☐ Watertight Sewer Lin			ertilizer Storage				
Other (Specify) Direction from well? Distance from well? Distance from well? Distance from well?							
Direction from well? 10 FROM TO		FROM		ft.	LICCOLC DIFFERNALS		
10 FROM TO 2	TOP SOIL	FROM	TO LIT	HU. LUG (cont.) or PL	LUGGING INTERVALS		
2 20	CLAY BEOWN						
20 29	CLAY TAN SILTY						
39 40	SAND FINE TO MED. TA	(A)					
40	SHALL GRAY						
	Notes:						
		_					
11 CONTRACTOR'S	OR LANDOWNER'S CERTIFICATIO	N. This water	well was N	nstructed Tracons	tructed or nlugged		
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 Cor	ntractor's License No. 30.0 This W	ater Well Reco	rd was comple	ted on (mo-day-year	11-09-13		
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas 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

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Visit us at http://www.kdheks.gov/waterwell/index.html