

M	_	WELL			-	// // C-J	078	8802		sion of Wat					
						e in Well Use			Resour				Well ID		
1	LOCATION OF WATER WELL: Fraction							4 1/4	Sect	ion Numbe	er	1 0			
-	County: 1/4 1/4 1/4														
2	WELL OWNER: Last Name: First: Business: Address: Address: City: State: ZIP:								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:						
3	LOCAT	E WELL	4.5					0							
		4 DEPTH OF COMPLETED WELL:								5 Latitude:(decimal degrees) Longitude:(decimal degrees)					
	SECTIO			Depth(s) Groundwater Encountered: 1) 2)											
	Ν	1			TER LEVEL:				Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:						
		below land surface, measured on (mo-day-yr								GPS (unit make/model:					
	NW NE above land surface, measured on (mo-d										(WAAS enabled? ☐ Yes ☐ No)				
				Pump test data: Well water was ft.							Land Survey Topographic Map				
W			Е	after hours pumping gpm Well water was ft.							Onlin	e Mapper:	•••••		
	SW	SE		after hours pumping											
		X		Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC					
	2	5		Bore Hole Diameter: in. to ft. and						Source: Land Survey GPS Topographic Map					
	1 n	1		in. to ft.							□ Other				
	7 WELL WATER TO BE USED AS:														
	Domestic: □ Houseł					ter Supply: well II				10. Oil Field Water Supply: lease					
	□ Houser □ Lawn &			6. Dewatering: how many wells? 7. Aquifer Recharge: well ID											
	\Box Livesto			8. Monitoring: well ID											
		Irrigation 9. Environmental Remediation: well IE													
	Feedlo			🗌 Air Sparge 🛛 Soil Vapor Ex					1						
4.	Industr	ial			Recovery	🗌 Injectio			13. 🗌 O	ther	(specify):				
						itted to KDHE?	2	Yes 🗌	No	If yes, dat	e sai	nple was submitted	:		
		disinfecte													
												Glued Clamped			
												in. to			
					TION MA				5./It.	wall thick	kness	or gauge No	•••••		
1.	\Box Steel		tainless St				VC				her (Specify)			
	Brass		alvanized					used (oper	1 hole)			speeny)			
SC	CREEN C				NINGS A			× 1	,						
		uous Slot	🗆 Mi] T	orch Cut	🗌 Dr	illed Holes		Other (Specify)			
~ ~										one (Open H	,				
SC												ft., From			
0												ft., From			
												ft. to			
		rce of poss				, 1 юпп	••••		• • • • • • • • • •	10, 110111			11.		
	Septic 7	-		🗆 I	Lateral Line		vy			Livestock Pe	ens	🗌 Insectici	de Storage	3	
	Sewer I				Cess Pool	🗌 Sewag	ge L	agoon		Fuel Storage		Abandor			
		ght Sewer		\Box S	eepage Pit	🗌 Feedya	ard		ΠF	Fertilizer Sto	orage	🗌 Oil Well	/Gas Well		
Cherrel Greeify Context Conte															
	FROM	TO	<u></u>		ITHOLOG		/111 V	FRO		ТО		HO. LOG (cont.) or I	PLUGGIN	G INTERVALS	
								_							
			_												
			+					NT - 4							
	Notes:														
								_							
11	CONT	RACTOR	R'S OR L	ANDO	WNER'S	S CERTIFICAT	OI	N: This	water	well was		onstructed, 🗌 recor	nstructed.	or plugged	
un	der my ju	irisdiction	and was	comple	eted on (n	o-day-year)			and tl	his record	is tru	e to the best of my	knowled	lge and belief.	
Ka	ansas Wa	ter Well C	Contractor	's Lice	ense No	This	s W	ater Wel	Reco	ord was con	mple	ted on (mo-day-yea	ar)	-	
un	aer the b	usiness na	send on	e convito	WATED W	FIL OWNEP and ra	 atain	one for yes		de Fee of ¢	5 00 f	or each <u>constructed</u> well			
I	KS Departn	nent of Healt										eka, Kansas 66612-1367		e 785-296-3565.	
	-	ttp://www.ko							<u>.</u>				-	SA 82a-1212	