

W	_		RECORD		••••C-5	149		vision of Wa			Well ID		
1	Original Record Correction Chang				e in Well Use Fraction		Resources App. No. Section Number		Township Number		ange Number		
T	County:				$\frac{1}{14}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$				T S R $\square$ E $\square$ W				
2		OWNER: I	Last Name:	First: Street			Rural Address where well is located (if unknown, distance and						
_	Business:						direction from nearest town or intersection): If at owner's address, check here:						
	Address:												
	Address: City:			State:	ZIP:								
3	LOCAT	FWFII		State.	ZII .								
5	WITH "	IPLETED WEI					:						
	SECTIO	N BOX:	<b>Depth</b> (s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) $\square$							le:			
	Ν	1				WGS 84 INAI		NAD 27					
				WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr)						<u>Latitude/Longitude</u>		)	
	NW	NF		above land surface, measured on (mo-day-yr)					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)				
			Pump test data: Well water was ft.						□ Land Survey □ Topographic Map				
W		E	after	after hours pumping gpm						e Mapper:			
	SW	SE	6	Well water was ft.									
				after hours pumping gpn Estimated Yield:gpm				6 Elev	vatior	<b>n:</b> ft.	□ Grou	nd Level 🗖 TOC	
		S							Source:  Land Survey  GPS  Topographic Map				
		1 mile  in. to											
	7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease													
	House		6. 🗌	6. Dewatering: how many wells?				11. Tes	11. Test Hole: well ID				
	Lawn a			7. Aquifer Recharge: well ID					Cased Uncased Geotechnical				
				g: well ID l Remediation: well ID				12. Geothermal: how many bores?					
	☐ Irrigati ☐ Feedlo			Air Sparge				a) Closed Loop					
				Recovery					13. Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? □ Yes □ No If yes, date sample was submitted:													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded 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													
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:													
S						<b>– –</b>	unt Cut 🗖	D.:11- J II-1-		Othern (Caracifer)			
		nuous Slot red Shutter	☐ Mill Slot				w Cut			Other (Specify)	•••••		
S										ft., From	ft t	o ft	
2.										ft., From			
9													
										ft. to			
N	earest sou	rce of possib	le contamination	on:									
				Lateral Line				Livestock					
	Sewer I	Lines Ight Sewer Li		Cess Pool	☐ Sewag ☐ Feedy			] Fuel Storag ] Fertilizer S		e ☐ Abando Dil We			
				copage rit		ai u			lorage		ii/Gas we	LL .	
										ft.			
10	FROM	TO	L	ITHOLO	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	PLUGGI	NG INTERVALS	
								-					
									+				
							NT - 4						
						INOTES:	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 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.												ne 785-296-3565	
	-		eks gov/waterwell			JII, I(	JUD DIT JACKSU	n 5t., 5uite 42	0, 10p	ena, mansas 00012-150		SA 82a-1212	