

	VV VV C-3	1210	Di	ivision of Wate			Wall ID			
Original Record Correction Chang 1 LOCATION OF WATER WELL:	ge in Well Use Fraction			sources App. Nection Numbe		Township Numb	Well ID	aga Numbar		
County:	1/4 1/4	1/4	1/4	ection Numbe	er	Township Numb	er Rai	nge Number □ E □ W		
2 WELL OWNER: Last Name:		ural Addrass	ral Address where well is located (if unknown, distance and							
2 WELL 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:										
Address:										
City: State:	ZIP:									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude:										
WITH "A" IN Donth(s) Croundwater	Longitude:									
SECTION BOX: 1 2) ft 3	UNBUA: $(1, 2)$ ft 3) ft or 4) \square Dry				Bongroad(decimal degrees)					
N WELL'S STATIC WA'	WELL'S STATIC WATER LEVEL: ft.				Source for Latitude/Longitude:					
□ □ below land surface	below land surface, measured on (mo-day-yr)				PS (unit make/model:)		
	above land surface, measured on (mo-day-yr)				(**************************************					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
1 '' 1	after					Online Mapper:				
	Well water was ft. after hours pumping gpm									
	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC					
						ce: ☐ Land Survey ☐ GPS ☐ Topographic Map				
	in. to									
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
☐ Household 6. ☐ Dewaterin	6. □ Dewatering: how many wells?									
	Garden 7. Aquifer Recharge: well ID									
	8. Monitoring: well ID					mal: how many bores?				
	9. Environmental Remediation: well ID									
	☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj. of Wat									
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:										
Water well disinfected? ☐ Yes ☐ No										
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other										
Casing diameter										
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)										
☐ Continuous Stot ☐ Mill Stot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other										
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										
☐ Other (Specify)										
10 FROM TO LITHOLOG		om wei	FROM			HO. LOG (cont.) or		CINTEDVALS		
10 FROM 10 LITHOLOG	GIC LOG		FROM	10	LH	no. Log (cont.) of	FLUGGIN	GINTERVALS		
			Notes:	1						
110165										
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 Contractor's License No										
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.										

KSA 82a-1212