

W	_		<b>Correction</b>		•••••	254		vision of Wat					
1	- 0				urces App. No. Well ID Well ID tion Number Township Number Range I			nge Number					
1	LOCATION OF WATER WELL: County:				$\frac{1}{14}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$				$\begin{array}{c c} T & S & R & \Box E \Box W \end{array}$				
2		OWNER: I	Last Name:		First:		Street or Ru	treet or Rural Address where well is located (if unknow					
	Business:				direction from nearest town or intersection): If at owner's address, check here:								
	Address: Address:												
	City:			State:	ZIP:								
3	LOCAT	E WELL	OF CON	IPLETED WELL		C.							
	WITH "	Encountered: 1)					e:		-				
	SECTIO N				] Dry Well			WGS 84 □ NAI					
	WELL'S STATIC WATER LEVEL:						ft.	Source	Source for Latitude/Longitude:				
	$\Box$ below land surface, measured on (mo-da								$\Box \text{ GPS (unit make/model:)}$				
	NW	NE		Dabove land surface, measured on (mo-day-yr) Pump test data: Well water was ft.						WAAS enabled?		No)	
w		E after hours pumping							□ Land Survey □ Topographic Map □ Online Mapper:				
	You GE We				water was ft.								
	afterhou				s pumping gpm			6 Elev	6 Elevation:ft.  Ground Level  TOC				
I		 S							Source:  Land Survey  GPS  Topographic Map				
		1 mile in. to						□ Other					
7 WELL WATER TO BE USED AS:													
	Domestic:			ter Supply: well ID									
					g: how many wells?				11. Test Hole: well ID				
					g: well ID				12. Geothermal: how many bores?				
	□ Irrigation 9. Environmental Remediatio							a) C	a) Closed Loop 🔲 Horizontal 🗌 Vertical				
3.					-				b) Open Loop $\Box$ Surface Discharge $\Box$ Inj. of Water				
	4. Industrial Recovery Injection 13. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:													
Water well disinfected?       Yes       No         8 TYPE OF CASING USED:       Steel       PVC       Other       CASING JOINTS:       Glued       Clamped       Welded       Threaded													
Casing diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter													
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:													
	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
							v Cut 🛛 🗆 N						
SC					n ft. to								
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Ne	arest sou	rce of possib	le contaminatio	on:									
	Septic '			ateral Line				Livestock P					
	☐ Sewer I ☐ Waterti	ght Sewer Li		Cess Pool leenage Pit	☐ Sewage ☐ Feedyard			Fuel Storage Fertilizer St		☐ Abando ☐ Oil Wel			
								i ertilizer st	oruge				
					Distance from	we	1						
10	FROM	TO	L	ITHOLOG	HC LOG		FROM	TO	LIT	HO. LOG (cont.) or	PLUGGI	NG INTERVALS	
							1						
							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 <u>constructed</u> 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.													
	-		and Environment, eks.gov/waterwell		Vater, Geology Section,	, 100	JU SW Jackson	St., Suite 420	, Tope	eka, Kansas 66612-136	-	ne 785-296-3565. SA 82a-1212	