

| W | _ | | RECORD | - | n n C-3 | | | ion of Wate | - | | Well ID | | |
|---|---|---|------------------|---|---|---|----------------------------|---|--|------------------------|-----------|---|--|
| 1 | Original Record Correction Chang | | | e in Well Use Fraction | | Resources App. No. Section Number | | | | | ge Number | | |
| T | County: | | | | | $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | T S | | | $\begin{array}{c} R \\ R \\ \Box E \\ \Box W \end{array}$ | |
| 2 | | OWNER: | Last Name | First: | | Street or Rural Address where well is located (if unknown, distance a | | | | | | | |
| - | Business: | | | 1 1150. | | irection from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| | Address: | | | | | | | | | | | | |
| | Address: | | G | | | | | | | | | | |
| 2 | City: | | State: | | | | | | | | | | |
| 3 | LOCAT | | 4 DEPTH | OF COM | IPLETED WELL: | PLETED WELL: ft. | | | 5 Latitude: | | | | |
| | | CCTION BOX: N 2 ft. 3) ft., or 4) | | | | | | Longitude:(decimal degrees) | | | | | |
| | N | | | | | | | | | | | | |
| | | | ATIC WA | | | | | Latitude/Longitude: | | | | | |
| | | | | y-yr) y-yr) | | $\Box G$ | | PS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| | NW | NE | | D above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. | | | | | \Box Land Survey \Box Topographic Map | | | | |
| W | | X | ~ | after hours pumping gpm | | | | | | Mapper: | | | |
| | SW | | | Well water was ft. | | | | | | | | | |
| | 3w | 3E | | after hours pumping gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | | s | | Estimated Yield:gpm Bore Hole Diameter:in. to ft. and | | | | | Source: Land Survey GPS Topographic Map | | | | |
| | י ו 11 n | | Dole Hole L | | in. to ft. | | | | | | | | |
| | WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | Domestic: | | | | | | | | | | | | |
| | | Household Bewatering: how many wells? | | | | | | 11. Test Hole: well ID | | | | | |
| | 🗌 Lawn & | & Garden | 7. 🗖 | echarge: well ID | | | Cased Uncased Geotechnical | | | | | | |
| | | Livestock 8. Monitoring: well ID | | | | | | | | | | | |
| | ☐ Irrigation 9. Environmental Remediation: well ID | | | | | | •• | | | Loop Horizontal | | | |
| | Feedlo | | | Air Sparge Soil Vapor Ext | | | | b) Open Loop 🗌 Surface Discharge 📋 Inj. of Wate | | | | | |
| | 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: | | | | | | | | | | | | |
| | | | | | | CA | CINC | | ·. | | W-14- | 1 🗖 Thursdad | |
| | 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) | | | | | | | | | | | | |
| SC | 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) | | | | | | | | | | | | |
| 50 | | | | | \square Same in \square S | _ | | × 1 | | ft Enom | ft to | £4 | |
| 30 | | | | | 1 It. to 1 ft. to | | | | | | | | |
| 0 | | | | | Cement grout \square B | | | | | | | | |
| | | | | | . ft., From | | | | | | | | |
| | | | ole contaminati | | , 1 10111 111111 | | | | | | | | |
| | Septic 7 | Tank | | Lateral Line | s 🗌 Pit Privy | | | ivestock Pe | | Insecticid | | | |
| | Sewer I | Lines | | Cess Pool | Sewage La | agoon | ∏ Fι | uel Storage | e | | | Well | |
| | U Waterti | ight Sewer L | ines \Box S | Seepage Pit | Sewage La | | | ertilizer Sto | orage | □ Oil Well/ | Gas Well | | |
| Di | \Box Other (| specify) m well? | | ••••• | Distance from w | vell? | | | | ft | | | |
| | FROM | TO | | ITHOLOG | | FROM | | | | HO. LOG (cont.) or P | LUGGIN | GINTERVALS | |
| | | | | 200 | * | | | - | | | 1 | | |
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| | | | | | | Notes: | | | | | | | |
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| | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my inridicition and was completed on (mo day year) | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| | - | | | | vater, Geology Section, 1 | 000 SW Jack | son St | t., Suite 420, | , Tope | ka, Kansas 66612-1367. | | e 785-296-3565. SA 82a-1212 | |
| | visit us at h | <u>up://www.Kdf</u> | eks.gov/waterwel | muex.ntml | | | | | | | L. | n 02a-1212 | |