

W	_		RECORD	-				ion of Wate			Wall ID		
1		I Record [TION OF V	e in Well Use Fraction	Resources App. Section Num									
T	County		VALEK WEL						$\begin{array}{c c} T & S \\ T & S \\ \end{array} R \square E \square W$				
2	WELL OWNER: Last Name: First: S Business: Address: G Address: Address: G						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:						
	City:		State:	ZIP:									
3	LOCAT		4 DEPTH	IPLETED WELL:		ft. 5 Latitude :(decimal degrees)							
	SECTIO		Depth(s) Gr				Longitude:(decimal degrees)						
	Ν		2) WELL'S ST		Dry Wel								
					·· <u>Source for Latitude/Longitude</u> : ·· □ GPS (unit make/model:)								
	I □ below land surface, measured on (mo-day-y) NW □ above land surface, measured on (mo-day-y)							(WAAS enabled? \square Yes \square No)					
		ater was			□ Land Survey □ Topographic Map								
W		-	after			pumping gpm iter was ft.			Online Mapper:				
	SW	SE											
		SW SE after hours pumping						6 Elevation:ft. Ground Level TOC					
								Source: Land Survey GPS Topographic Map					
	1 n			in. to	ft.	ft. Dther							
	WELL WATER TO BE USED AS: Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease												
	Domestic:												
		Household6. Dewatering: how many wells?Lawn & Garden7. Aquifer Recharge: well ID											
		Livestock 8. Monitoring: well ID						12. Geotl	herm	al: how many bores?	?		
		Irrigation 9. Environmental Remediation: well ID Feedlot Air Sparge Soil Vapor Ez						a) Closed Loop Horizontal Vertical					
	Feedlo			-			b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water						
	4. Industrial Recovery Injection 13. Other (specify):												
	Was a chemical/bacteriological sample submitted to KDHE? □ Yes □ No If yes, date sample was submitted:												
					C 🗆 Other	CA	SINC	TOINTS	<u>. </u>	Glued Clamped		d 🗆 Threaded	
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter												
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ Fiberglass} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$													
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:													
50	CREEN OR PERFORATION OPENINGS ARE:												
						aw Cut							
SC					n ft. to								
-					n ft. to								
					Cement grout Be								
			ole contaminati				•••••	11., 140111			II.		
	Septic 7	-		Lateral Line			🗆 Li	ivestock Pe	ens	Insectici	ide Storage		
	Sewer I			Cess Pool	Sewage La	agoon		uel Storage		Abandor		Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)													
					Distance from w					ft.			
	FROM	ТО		ITHOLOG		FROM				HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
						Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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.													
ur K	ansas Wa	ter Well Co	and was comple intractor's Lice	eieu on (m	This W	ater Well I	na tri Recor	rd was cor	18 trt mnle	ted on (mo-day-ve	ar)	ge and bener.	
Kansas Water Well Contractor's License No													
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.													
	-		and Environment, neks.gov/waterwel		valer, Geology Section, 1	JUU SW JACK	5011 St	., Suite 420,	, торе	na, naiisas 00012-130/	-	SA 82a-1212	
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