

W	·		RECORD		W W C-3	5809		tion of Wat			Well ID		
1	- 0	Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction					Resources App. No. Section Number Township No.			Township Number		ge Number	
1	County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						$\begin{array}{c c} \hline \\ \hline $						
2	2 WELL OWNER: Last Name: First: S							treet or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here:					
3	LOCAT	FWFII	State.	ZIP:									
5		4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)							5 Latitude:(decimal degrees)				
	SECTIO							e:		-			
W	NW NW SW X	NE	WELL'S ST below la above la Pump test da after	TER LEVEL: , measured on (mo-day , measured on (mo-day vater was	ft., or 4) □ Dry Well ER LEVEL: ft. neasured on (mo-day-yr) neasured on (mo-day-yr) er was ft. umping gpm er was ft. umping gpm			Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
	<u> </u>		Estimated Y			ft on d							
		S Bore Hole Diameter: in. to in. to						50010		Other			
	7 WELL WATER TO BE USED AS:												
1. 2. 3.	Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? □ Lawn & Garden 7. □ Aquifer Recharge: well ID □ Livestock 8. □ Monitoring: well ID □ Irrigation 9. Environmental Remediation: well ID □ Feedlot □ Air Sparge □ Soil Vapor Ex						······	 10. Oil Field Water Supply: lease 11. Test Hole: well ID Cased Ouncased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Otherizontal Vertical b) Open Loop Surface Discharge 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:												
							ACINI		а. —				
Ca Ca T	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. to in. Weight lbs./ft. Wall thickness or gauge No. ft. TYPE OF SCREEN OR PERFORATION MATERIAL:												
	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
SC										ft., From	ft. to	ft.	
	G	RAVEL PA	CK INTERV	ALS: Fron	n ft. to	ft., F	From	ft. t	to	ft., From	ft. to	ft.	
Grout Intervals: From													
	FROM	ТО		ITHOLO		FRO		ТО	LIT	HO. LOG (cont.) or P	LUGGIN	G INTERVALS	
_													
				-									
						N. A.							
	Notes:												
ur Ki ur	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												
	-		and Environment		Vater, Geology Section, 1	1000 SW Ja	ickson S	t., Suite 420	, Торе	eka, Kansas 66612-1367.		785-296-3565. A 82a-1212	