

| W | _ | WELL | | | | // // C-3 | 8639 | | sion of Wat | | | | Γ | | |
|----|---|--|---------|---|--|--|----------|--|--------------------------------|---|----------------------|-----------|-------|--------------|--|
| | Original Record Correction Chang | | | | | e in Well Use | | urces App. I | | | Well II | | | | |
| 1 | | | TER WEL | Fraction | 4 ¹ / ₄ Section Nur | | | er | 1 0 | | | | | | |
| 2 | County | | | | | | | | | | | | | | |
| 2 | WELL OWNER: Last Name: First: Business: Address: Address: City: State: ZIP: | | | | | | | 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: | | | | | | | |
| 3 | LOCAT | E WELL | | | | | | | | | | | | | |
| | WITH " | | | | | IPLETED WELL: Encountered: 1) | | | | 5 Latitude: | | | | | |
| | SECTIO | | 1 | | ft. 3 | | | Longitude:(decimal degrees Datum: WGS 84 NAD 83 NAD 27 | | | | | | | |
| | N | | V | | | TER LEVEL: | | | Source for Latitude/Longitude: | | | | | | |
| | I | | | | measured on (mo-da | | | GPS (unit make/model: | | | | | | | |
| | NW | - X _{NE} | | | measured on (mo-da | | ••••• | | | | | |)) | | |
| w | | | E | - | p test data: Well water was ft. after hours pumping gpm | | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | |
| vv | I | · · | E | | ater was | | | | | | | | | | |
| | SW | SE | | | pumping | gpm | | 6 Elevention fr. Convert Level CTOC | | | | | | | |
| | | S Estimated Yield: | | | | | | | | 6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map | | | | | |
| 1 | - | - | 1 | Bore Hole Diameter: in. to ft. and in. to ft. | | | | | | | | | | | |
| | 1 mile in. to ft. Uother | | | | | | | | | | | | | | |
| | Domestic: | | 102 | | | ter Supply: well ID | | | 10. 🗖 O | il Fie | ld Water Supply: lea | ase | | | |
| | 🗌 Housel | | | 6. 🗌 | Dewaterin | g: how many wells? | | 11. Test Hole: well ID | | | | | | | |
| | 🗌 Lawn & | | | echarge: well ID | | | | Cased Uncased Geotechnical | | | | | | | |
| | | Livestock 8. 	Monitoring: well ID Irrigation 9. Environmental Remediation: well ID | | | | | | | | | | | | | |
| | □ Irrigation 9. Environmental Remediation: well □ Feedlot □ Air Sparge □ Soil Vapor | | | | | | | , i — — | | | | | | | |
| | 🔲 Industr | | | | Recovery | Injection | | | 13. Other (specify): | | | | | | |
| W | as a chei | nical/bac | teriol | ogical sam | ple subm | itted to KDHE? |]Yes [|] No | If yes, dat | e sar | nple was submitted | l: | | | |
| | | disinfecte | | | | | | | • | | | | | | |
| | | | | | | C 🗌 Other | | | | | | | | ☐ Threaded | |
| | | | | | | Diameter | | | | | | | | | |
| | | | | ERFORAT | | . Weight | I | bs./ft. | Wall thic | kness | or gauge No | | •• | | |
| 11 | \Box Steel | | | s Steel | | | | | □ Of | her (S | Specify) | | | | |
| | Brass | | | zed Steel | | | used (op | en hole) | | | <i>speeny)</i> | | | | |
| SC | CREEN C | OR PERFO | ORAT | TION OPEN | | | | | | | | | | | |
| | □ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | | | | | | |
| 50 | | | | | | $\prod_{i=1}^{n} m_{i} m_{i$ | | | | , | | ft | to | ft | |
| SC | | | | | | 1 1 ft. to | | | | | | | | | |
| 9 | | | | | | Cement grout | | | | | | | | | |
| | | | | | | . ft., From | | | | | | | | | |
| | | - | sible c | ontaminatio | | | | _ | | | | | | | |
| | Septic ' | | | | ateral Line | | | | Livestock Pe | | Insectici | | | Vall | |
| | 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) | | | | | | | | | | | | | | |
| | | | <u></u> | | | Distance from | | | | | | | | | |
| 10 | FROM | TO | | L | ITHOLOG | GIC LOG | FR | OM | ТО | LIT | HO. LOG (cont.) or l | PLUGG | ING | INTERVALS | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | Not | es: | | | | | | | |
| | | | | | | | | | | | | | | | |
| 11 | CONT | <u>ρλητη</u> |),c ~ | BIANDO | WNFD? | S CERTIFICATIO | N. Th: | e wotor | wall was | | nstructed Traces | notrinota | d c | r 🗌 pluggod | |
| | | | | | | o-day-year) | | | | | | | | | |
| Ka | ansas Wa | ter Well C | Contra | ctor's Lice | nse No | This V | /ater We | ell Reco | ord was con | mple | ted on (mo-day-yea | ar) | | | |
| un | der the b | usiness na | ame of | f | | | | | | | | | | | |
| 1 | KS Departn | nent of Healt | | | | ELL OWNER and retain Vater, Geology Section, | | | | | | | one ' | 785-296-3565 | |
| | - | | | gov/waterwell | | | | | | | , | - | | A 82a-1212 | |