

| | WELL R | | - | n n C-3 | | | ion of Wate | | | | | | |
|---|---|---|--|---|------------------------|--|---|---|---|-----------------|-------------|--|--|
| Original Record Correction Chang Chang LOCATION OF WATER WELL: | | | | | | ction Number Township Numb | | | Well ID Range Number | | | | |
| | County: | | | $\frac{1}{1/4}$ $\frac{1}{1/4}$ $\frac{1}{1/4}$ $\frac{1}{1/4}$ Sec | | | | | | $\Box E \Box W$ | | | |
| | OWNER: L | ast Name: | | First: | | | | Address where well is located (if unknown, distance and | | | | | |
| Business | | | | | | from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: Address: | | | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | | |
| 3 LOCAT | 'E WELL | | | | | | | | | | | | |
| WITH ' | | | IPLETED WELL: ft Encountered: 1) ft. | | | 5 Latitude:(decimal degrees) Longitude:(decimal degrees) | | | | | | | |
| | DN BOX: N | | □ Dry Wel | 1 | Datur | n. 🗆 | WGS 84 □ NAE | | (decimal degrees) | | | | |
| | . v | WELL'S ST | TER LEVEL: ft. | | | Source for Latitude/Longitude: | | | | | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | GPS (unit make/model:) | | | | | | |
| NW | - X _{NE} | ☐ above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. | | | | | (WAAS enabled? Yes No) | | | | | | |
| w | E | - | after hours pumping | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | | |
| | I I Well w SW -SE after I I Estimated Yield: | | | ater was | ft. | | | | | | | | |
| SW | | | | ; pumpinggpm gpm in. to ft. and | | | 6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map | | | | | | |
| | | | | | | | | | | | | | |
| | | | | in. to ft. | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic | | | | | | | | | | | | | |
| House | | g: how many wells? | | | 11. Test Hole: well ID | | | | | | | | |
| _ | Lawn & Garden7. | | | | | | | | Cased Uncased Geotechnical thermal: how many bores? | | | | |
| 2. Irrigat | | | | | | | | | | | | | |
| 3. 🗌 Feedlot 🔅 🗌 Air Sparge | | | | e 🔲 Soil Vapor Extraction | | | 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: | | | | | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | |
| □ Continuous Siot □ Mill Siot □ Gauze wrapped □ Torch Cut □ Diffied Holes □ Other (Specify) | | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft. | | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | | |
| | | It. to l e contaminati o | | . ft., From | ft. to | | ft., From | | It. to | ft. | | | |
| Septic | 1 | | ateral Line | s 🗌 Pit Privy | | ΠL | ivestock Pe | ens | Insectic | ide Storage | | | |
| □ Sewer | Lines | | Cess Pool | Sewage La | | 🗆 F | uel Storage | • | 🗌 Abando | ned Water | Well | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | | | | | |
| ☐ Other (Specify) Direction from well? ft. | | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLOG | | FROM | | TO | | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | ┨────┤ | | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | | |
| | | | | | | -+ | | | | | | | |
| | | | | | Notes: | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 Goaleau Section, 1000 SW Jackson St. Suite 420, Tonaka, Kanses 66612, 1267, Talanhana 785, 206, 2565 | | | | | | | | | | | | | |
| 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. Visit us at <u>http://www.kdheks.gov/waterwell/index.html</u> KSA 82a-1212 | | | | | | | | | | | | | |