

M	_		RECORD		1110-5			ion of Wate					
			Correction					ources App. No.			Well ID		
I	LOCATION OF WATER WELL: County:				FractionSec $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			ion Number Township Number Range Number T S R \square E \square W					
2		OWNER: 1	aat Nama		First:				who	here well is located (if unknown, distance and			
4	Business:	OWNER, I	Last Maine.		Filst.		ction from nearest town or intersection): If at owner's address, check h						
	Address:					uncention					5 404 655,		
	Address:			Stata	ZIP:								
3	City: LOCAT	F WFLL		State:									
J	WITH "				IPLETED WELL: ft. Encountered: 1) ft.								
	SECTIO			Bincountered: 1) 3) ft., or 4)		11							
	Ν	1		TER LEVEL:		11	Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:						
			□ below la	below land surface, measured on (mo-day-yr)						unit make/model:)	
	NW	NE		□ above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. after hours pumping gpm					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
			-										
W	I	E	Well water was ft.					□ Online Mapper:					
	SW	SE		after hours pumping gpm									
				stimated Yield:gpm ore Hole Diameter:in. to ft. and					6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map				
	י 1 n ו	S nilel	Bore Hole D		in. to ft. and								
7 WELL WATER TO BE USED AS:													
1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease													
	Housel		6. 🗌	6. Dewatering: how many wells?				11. Test Hole: well ID					
	🗌 Lawn &				echarge: well ID g: well ID					Uncased C			
	Livesto			al Remediation: well I				al: how many bores Loop 🔲 Horizonta					
	☐ 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:												
			? Yes]										
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)												
SC					n ft. to						ft. to	ft.	
	G	RAVEL PA	CK INTERVA	ALS: From	n ft. to	ft., Fro	om	ft. t	o	ft., From	ft. to	ft.	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
			ft. to le contaminati o		ft., From	. ft. to		ft., From	•••••	ft. to	ft.		
	Septic '			ateral Line	s 🗌 Pit Privy		ΠL	ivestock Pe	ens	☐ Insectic	ide Storage		
	Sewer l	Lines		Cess Pool	Sewage La		ΓF	uel Storage	;	Abando		Well	
		ght Sewer Li					🗆 F	ertilizer Sto	orage	🗌 Oil Wel	l/Gas Well		
					Distance from w					ft			
	FROM	TO		ITHOLO		FROM		ТО		HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
						Notes	:						
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													
under the business name of													
	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.												
	-		eks.gov/waterwell		. a.e., Geology Section, I	SSO D IT Jac		, Suite 720,	, . ope	, Fu ilous 00012-130		A 82a-1212	