WATER WELL RE		Division of Water	
	Correction Change in Well Use	Resources App. No.	Well ID Well ID
1 LOCATION OF WA	TIR WELL: Fraction EANE	Section Number	Township Number Range Number R 26 S R E WW
2 WELL OWNER: Las	t Name: O i Circle	Street or Rural Address wh	ere well is located (if unknown, distance and
Business:	t Name: Drailing First:		ersection): If at owner's address, check here:
Address: 4778	n Portwest	11770	Portwest
Address: Wich	6 State: KD ZIP: 6720	4 1/100	1 occurrent
3 LOCATE WELL	A DEPOSIT OF COLUMN PROPERTY.	33	
WITH "X" IN	4 DEPTH OF COMPLETED WELL Depth(s) Groundwater Encountered: 1)	Extitude 5 Latitude	e:(decimal degrees)
SECTION BOX:	2) ft. 3) ft., or 4	Longitu	de :(decimal degrees) ☐ WGS 84 ☐ NAD 83 ☐ NAD 27
N	WELL'S STATIC WATER LEVEL:		or Latitude/Longitude:
	below land surface, measured on (mo-da	ay-yr)	(unit make/model:)
NW NE	above land surface, measured on (mo-da	~ .	(WAAS enabled? ☐ Yes ☐ No)
w E	Pump test data: Well water was		I Survey
	Well water was	ft.	ne Mapper.
SW SE	after hours pumping	gpm	on:ft. Ground Level TOC
S	Estimated Yield:gpm Bore Hole Diameter:in. toin. to		☐ Land Survey ☐ GPS ☐ Topographic Map
mile	in. to	I	Other
7 WELL WATER TO BE USED AS:			
1. Domestic:	 Public Water Supply: well ID . 		ield Water Supply: lease
Household	6. Dewatering: how many wells?		e: well ID
Lawn & Garden Livestock	 7. ☐ Aquifer Recharge: well ID 8. ☐ Monitoring: well ID 		d Uncased Geotechnical mal: how many bores?
2. Irrigation	9. Environmental Remediation: well		ed Loop Horizontal Vertical
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapo	or Extraction b) Open	Loop Surface Discharge Inj. of Water
4. Industrial	Recovery Injection		r (specify):
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:			
Water well disinfected? Yes No			
8 TYPE OF CASING USED: Steel MPVC Steel MPVC Other			
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: A Glued Clamped Welded Threaded Casing diameter fin. to fin. to fin. to fin. to fin. to fin. Weight lbs/fi. Wall thickness or gauge No.			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
☐ Steel ☐ Stainl			(Specify)
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:			
☐ Continuous Slot			
		Saw Cut None (Open Hole	
SCREEN-PERFORATE	D INTERVALS: From A.S ft. to	.3. ft., From ft. to	ft., From ft. to ft.
			ft., From ft. to ft.
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other			
Nearest source of possible contamination:			
Septic Tank	☐ Lateral Lines ☐ Pit Privy	Livestock Pens	☐ Insecticide Storage
Sewer Lines	☐ Cess Pool ☐ Sewage		Abandoned Water Well
Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well Other (Specify)			
Direction from well?		well?	ft.
10 FROM TO	LITHOLOGIC LOG /		THO. LOG (cont.) or PLUGGING INTERVALS
6 15	Top Soul	0 0	
6 15	Fine tan	and o	
15 33	Course Ten	Sano	
		Notes:	
44 CONTROL CTORIS OR LANDOW/MEDIC CERTIFICATION THE			
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)			
under my jurisdiction and was completed on (mo-day-year)			
under the business name	of Deardon Fun	p & Well	<i>f</i>
INSTRUCTIONS: Send one	copy to WATER WELL OWNER and retain one copy for	your records. Submit fee of \$5.00 for each	th constructed well along with one (white) copy to Kansas
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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012			