| WATER WELL R | | Form W | | | ision of Wate | | | | |
|--|---|---|--|---|--|------------------|----------------------|-------------------------|-----------------|
| Original Record Correction Change in Well Use | | | Resources App. No. | | | | Well ID | | |
| 1 LOCATION OF WATER WELL: Fraction County: King man 1/4 Akk/4 Akk/ | | | | Section Number Township Number Range Number R T Z T Z T Z T T T T | | | | | |
| County: King WELL OWNER: L. | Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: | 2 miles North of Cunniquem / Enst | | | | | | | | |
| | To well | | | | | | | | |
| 3 LOCATE WELL | | | ZIP: 67035 | Acceptable 1 | | | | ····· | |
| WITH "X" IN | | | LETED WELL: | | | | | | |
| SECTION BOX: | Depth(s) Gro | | | | | | | | |
| N . | 2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL: | | | | | | | | \AD 27 |
| * | | | -yr) | | | | | | |
| NW NE | | | -yr) | (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| | Pump test dat | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | after | hours p Well wat | | ☐ Online Mapper: | | | | | |
| SW SE | after | wen wau hours p | | | | 444,4747,4747 | | | |
| | Estimated Yie | eld: | | 6 Elevation:tt. Ground Level TOC | | | | | |
| S | Bore Hole Diameter: Lo. Lein. to Se | | | | and Source: Land Survey GPS Topographic Ma | | | | |
| 1 mile in. to ft. | | | | | | | | | |
| 7 WELL WATER TO 1. Domestic: | | | Supply: well ID | | 10 🗖 0 | il Field | d Water Supply | leace | |
| Household | | | | | | | | | |
| Lawn & Garden | | | | | | | | | |
| ☐ Livestock | ivestock 8. Monitoring: well ID | | | | | | 1: how many bor | | |
| | . ☐ Irrigation 9. Environmental Remediation: well I . ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor | | | | | | Loop Horizo | | |
| 3. ☐ Feedlot 4. ☐ Industrial | | Extraction | traction b) Open Loop \square Surface Discharge \square Inj. of W 13. \square Other (specify): | | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | |
| Water well disinfected? X Yes \(\square\) No | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Fiberglass PVC □ Other (Specify) | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | |
| Louvered Shutter | Key Punche | | | aw Cut 🔲 🗅 N | | | 0 5 | 0.4 | 0 |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible | | | , | | , | | | | |
| Septic Tank | | ateral Lines ess Pool | ☐ Pit Privy ☐ Sewage L: | | Livestock Po | | | ticide Storage | |
| ☐ Sewer Lines ☐ Watertight Sewer Line | | goon | | | | | | | |
| F-1 0 4 (0 10) | | eepage Pit | ☐ Feedyard | | | • | | | |
| Direction from well? | 999 | | Distance from v | vell? | 7.7.Y | | | ft. | |
| 10 FROM TO | L | ITHOLOGI | C LOG | FROM | TO | LITH | IO. LOG (cont.) | or PLUGGIN | IG INTERVALS |
| 0 8 | Strucky | 70 p Sol | | | | | | | |
| 8 14 | TAN C | Bry | | | | | | | VIV.75.11W.12d |
| 45 50 | COMS'E | Som | | | | | | | |
| 45 50 | 1 stor C | By | | | | | ···· | | |
| | | *************************************** | | | | | | | |
| | | | | Notes: | | L | - | | |
| | | | | | | | | | |
| | | | | | 9 | \ | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | |
| under my jurisdiction a Kansas Water Well Con | nu was comple ntractor's Lice | nse No | -uay-year) | wand ater Well Re | uns record | is true malet | e to the best of | my knowied vear) . 5 | ige and belief. |
| under the business nam | e oflistor | J.d. 1.5 W | Inter. Well. | SAN | | " . | (<i>([[]</i>])) | | |
| INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit Tec. 15.500 for each continuous with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., State 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565. | | | | | | | | | |
| Department of H | cann and Environme | m, buread of W | aici, Geology Section, 100 | o by Jackson St., | JUNE 42U, LODE | ⊾a, ⊾ans | sas 00014-130/. Tele | phone (763) 290· | JJ0J. |

KSA 82a-1212

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Visit us at http://www.kdheks.gov/waterwell/index.html