

W	_		RECORD		// // C-J	6931		sion of Wate			W-II ID		
1	Original Record Correction Chang				e in Well Use Fraction		Resources App. No. Section Number			Township Numbe	Well ID	ige Number	
T	County:					1/4 1/4					$\Box E \Box W$		
2	2	OWNER: 1	ast Name:		First:		Street or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here:					, distance and	
	City:		State:	ZIP:									
3	LOCAT WITH "		4 DEPTH	IPLETED WELL: f			5 Latitude:						
		SECTION BOX . Depth(s) Groundwater Encountered: 1)							Longitude:(decimal degrees)				
W	NW	N NE K E	2)ft. 3)ft., or 4) □ 1 WELL'S STATIC WATER LEVEL: □ below land surface, measured on (mo-day-yr □ above land surface, measured on (mo-day-yr) Pump test data: Well water wasft. after hours pumping					Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27 <u>Source for Latitude/Longitude</u> : 🗋 GPS (unit make/model:) (WAAS enabled? 🗌 Yes 📄 No) 📄 Land Survey 📄 Topographic Map 🗋 Online Mapper:					
				Estimated Yield:gpm						:ft. Ground Level TOC			
		S	Bore Hole I	Bore Hole Diameter: in. to							GPS Topographic Map		
	1 r		DE LICED		in. to	□ Other							
	7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease												
2. 3.	Housel Housel Lawn a Livesta Irrigati	Household 6. Dewatering: how many wells? Lawn & Garden 7. Aquifer Recharge: well ID Livestock 8. Monitoring: well ID Irrigation 9. Environmental Remediation: well ID Feedlot Air Sparge Soil Vapor E.						11. Test I □ Ca 12. Geoth a) Cl b) Oj	 11. Test Hole: well ID Cased Uncased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Horizontal Vertical 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:												
								C LOINTS	· —			1 🗖 Thursdad	
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. to in. Weight lbs./ft. Wall thickness or gauge No. ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. ft. TYPE OF SCREEN OR PERFORATION MATERIAL:													
9	GROUT	MATERIA	AL: 🗌 Neat o	cement	Cement grout	Bentonite	Ot	ther					
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
	FROM	TO		ITHOLOG		FRC				HO. LOG (cont.) or l	PLUGGIN	G INTERVALS	
_													
						Note	s:						
ur K	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) 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, 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												