

| WATER WEI  |   |  | ·· ·· C-3              | 5579                            |                                    | sion of Water  |  | ]           |                  |  |
|--|---|--|------------------------|---------------------------------|------------------------------------|--|--|-------------|------------------|--|
| Original Record Correction Change     I LOCATION OF WATER WELL:  |   |  |                        |                                 |                                    | rces App. No. Well ID Well ID On Number Township Number Range Numb |  |             |                  |  |
| County:  |   |  |                        | /4 <sup>1</sup> /4              | Secu                               |  | T S  | R           | $\Box E \Box W$  |  |
| 2 WELL OWNE  | E <b>R:</b> La                          | st Name:   | r Rura                 | l Address v                     | where well is located              |  |  |             |                  |  |
| Business:  |   | direction from nearest town or intersection): If at owner's address, check here: |                        |                                 |                                    |  |  |             |                  |  |
| Address:<br>Address:   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| City:  |   | State:   | ZIP:                   |                                 |                                    |  |  |             |                  |  |
| <b>3</b> LOCATE WEL  | L                                       |  |                        |                                 | C                                  |  | •  |             |                  |  |
| WITH "X" IN  |   | 4 DEPTH OF CON   |                        |                                 |                                    |  |  |             |                  |  |
| SECTION BOX  | (1) $(1)$ $(1)$ $(1)$                   |  |                        |                                 |                                    |  | $\square$ WGS 84 $\square$ NA  |             |                  |  |
| N  |   | WELL'S STATIC WA   |                        |                                 |                                    |  | Source for Latitude/Longitude:   |             |                  |  |
|  | Х                                       | below land surface   |                        |                                 |                                    |  | PS (unit make/model:   |             | )                |  |
| NW NE -  | -                                       | above land surface   |                        | Land Survey Topographic Map     |                                    |  |  |             |                  |  |
|  |   | Pump test data: Well v<br>after hour   |                        |                                 |                                    |  |  |             |                  |  |
| W SW SE  |   | Well v   |                        | Online Mapper:                  |                                    |  |  |             |                  |  |
|  |   | after hour   |                        |                                 | 6 Elevation:ft. 	Ground Level 	TOC |  |  |             |                  |  |
|  |   | Estimated Yield:   |                        |                                 |                                    |  |  |             |                  |  |
| S  |   | Bore Hole Diameter: in. to   |                        |                                 |                                    | Source   |  | Land Survey |                  |  |
| Imile1 mile         Imile         Imile           7 WELL WATER TO BE USED AS:         Imile         Imile  |   |  |                        |                                 |                                    |  |  |             |                  |  |
| 1. Domestic:       5. Dublic Water Supply: well ID       10. Oil Field Water Supply: lease   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| Household  |   |  |                        |                                 |                                    |  |  |             |                  |  |
| 🗌 Lawn & Garde   | & Garden 7. 🗌 Aquifer Recharge: well II |  |                        |                                 |                                    | 🗌 Cas  | Cased Uncased Geotechnical   |             |                  |  |
| Livestock  |   | 8. 🗌 Monitorin   |                        |                                 |                                    | ermal: how many bore   |  |             |                  |  |
| 2. ☐ Irrigation<br>3. ☐ Feedlot  |   |  |                        |                                 |                                    | a) Closed Loop 🔲 Horizontal 🗌 Vertical                             |  |             |                  |  |
| 3. Even Feedlot     Air Sparge       4. Industrial     Recovery  |   |  |                        | Soil Vapor Extraction Injection |                                    |  | b) Open Loop □ Surface Discharge □ Inj. of Water<br>13. □ Other (specify): |             |                  |  |
| Was a chemical/bacteriological sample submitted to KDHE?       Yes       No       If yes, date sample was submitted:   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| Water well disinfected? Ves 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)<br>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)   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| 9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. o ft. to ft.  |   |  |                        |                                 |                                    |  |  |             |                  |  |
| Septic Tank  | 0551010                                 | Lateral Line   | es 🗌 Pit Privy         |                                 | ΠL                                 | ivestock Per   | ıs 🗆 Insecti   | cide Storag | e                |  |
| Sewer Lines  |   | Cess Pool  |                        | agoon                           | ĒF                                 | uel Storage  | ☐ Aband  | oned Water  |                  |  |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| Direction from well? ft.   |   |  |                        |                                 |                                    |  |  |             |                  |  |
| 10 FROM TO   |   | LITHOLO  |                        | FRO                             |                                    |  | LITHO. LOG (cont.) o   |             | NG INTERVALS     |  |
|  |   | Lillolo  |                        | 110                             |                                    | 10   | E11110. E00 (cont.) 0  |             |                  |  |
|  |   |  |                        |                                 |                                    |  |  |             |                  |  |
|  |   |  |                        |                                 |                                    |  |  |             |                  |  |
|  |   |  |                        |                                 |                                    |  |  |             |                  |  |
| ļ  |   |  |                        |                                 |                                    |  |  |             |                  |  |
|  |   |  |                        | <b>.</b>                        |                                    |  |  |             |                  |  |
|  | Notes:                                  |  |                        |                                 |                                    |  |  |             |                  |  |
|  |   |  |                        |                                 |                                    |  |  |             |                  |  |
| 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 Wel   | ll Cont                                 | tractor's License No   | This W                 | ater Well                       | l Reco                             | ord was com  | pleted on (mo-day-y  | ear)        |                  |  |
| under the business   | name                                    | of<br>end one copy to WATER W  | /ELL OW/NED and mat-im | one for                         | 1r rocco                           | de Foo of ¢f   | 00 for each constructed  | <br>ماا     |                  |  |
| KS Department of H   |   |  |                        |                                 |                                    |  |  |             | ne 785-296-3565. |  |
| 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.<br>Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 |   |  |                        |                                 |                                    |  |  |             |                  |  |