

| W | _ | | RECORD | - | · · · C-J | 0595 | | ion of Wate | | | | | |
|--|---|---|------------------------------------|--|--------------------|---------------------------------|---|--|--|--------------------|------------------|--------------|--|
| 1 | Original Record Correction Change LOCATION OF WATER WELL: | | | | | | | esources App. No. Section Number Township Num | | | ber Range Number | | |
| 1 | County: | | | | | 4 1/4 | | el | T S | R R | $\Box E \Box W$ | | |
| 2 | | · OWNER: I | Last Name: | | First: | | Street or Rural Address where well is located (if unknown | | | | | | |
| | Business: | Business: | | | | | | direction from nearest town or intersection): If at owner's address, check here: | | | | | |
| | Address: Address: | | | | | | | | | | | | |
| | City: | | | ZIP: | ZIP: | | | | | | | | |
| 3 | LOCAT | | 1 DEPTH | OF COM | (PI FTFD WFI I • | PLETED WELL: ft | | | 5 Latitude:(decimal degrees) | | | | |
| | WITH " | | | | ncountered: 1) ft. | | | Longitude:(decimal degrees) | | | | | |
| | SECTIO N | | | 🗌 Dry We | | | | WGS 84 🗌 NAE | | | | | |
| | | | | TER LEVEL: | | | | Source for Latitude/Longitude: | | | | | |
| | NW | | | below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) | | | | G | GPS (unit make/model:) (WAAS enabled? □ Yes □ No) | | | | |
| | NW | IVB | Pump test data: Well water was ft. | | | | Land Survey Dopographic Map | | | NO) | | | |
| W | | E | after | after hours pumping gp | | | | □ Online Mapper: | | | | | |
| | SW | SE | ofter | Well water was ft. after hours pumping gpm | | | | | | | | | |
| | | | Estimated Y | | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| | | 5 | | | in. to ft. and | | | Source: Land Survey GPS Topographic Map | | | | | |
| | 1 n | | | in. to | ft. | ft. 🗌 Other | | | | | | | |
| | 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | | |
| | □ Housel | | | g: how many wells? | | | 10. □ Oil Field Water Supply: lease 11. Test Hole: well ID | | | | | | |
| | | | | | echarge: well ID | | | □ Cased □ Uncased □ Geotechnical | | | | | |
| | Livesto | | | g: well ID | | 12. Geothermal: how many bores? | | | | | | | |
| | ☐ Irrigati ☐ Feedlor | al Remediation: well I e Disol Vapor | | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | | | | | | |
| | Industr | | | Air Sparge Recovery | | | | 13. \Box Other (specify): | | | | | |
| W | Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? \Box Yes \Box 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 | | | | | | | | | | | | | |
| 1. | □ Steel □ 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 | o ft. | |
| | | | | | n ft. to | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | | |
| | | | ft. to le contaminati e | | ft., From | . ft. to | | ft., From | | ft. to | ft. | | |
| | Septic ' | - | | Lateral Line | es 🗌 Pit Privy | | ΠL | ivestock Pe | ens | ☐ Insectic | ide Storag | e | |
| | Sewer l | Lines | | Cess Pool | Sewage La | agoon | \Box F | uel Storage | e | 🗌 Abando | Ų | | |
| | U Waterti | ght Sewer Li | nes 🗆 S | Seepage Pit | ☐ Feedyard | | 🗆 F | ertilizer Sto | orage | 🗌 Oil Wel | ll/Gas Well | | |
| | | | | | Distance from w | | | | | ft | | | |
| | FROM | TO | | ITHOLO | | FRO | | TO | | HO. LOG (cont.) or | | IG INTERVALS | |
| | | | | | | | | | | | | | |
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| | | | | | | Notes | : | | | | | | |
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| 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 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 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 | | , | | | | · · r · | | | SA 82a-1212 | |