

	<b>VV VV C-3</b>	7000-1		sion of Water		W-11 ID				
Original Record Correction Chang  1 LOCATION OF WATER WELL:	ge in Well Use Fraction			irces App. No.	Torringhin Numb	Well ID	an Numban			
County:	1/4 1/4	1/4 1/4	Sect	ion Number	Township Numb	er Ran R	ige Number □ E □ W			
2 WELL OWNER: Last Name:		t or Rural Address where well is located (if unknown, distance and								
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
Address:										
Address:										
City: State:	ZIP:			_						
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude:										
WITH "A" IN Donth(s) Groundwater Encountered: 1)				8						
SECTION BOX: 1 2) ft 3	<b>ION BOX:</b> $\begin{pmatrix} 1 & 2 \end{pmatrix}$ ft or $4 \rangle \Box D$				Dongread					
WELL'S STATIC WA'	WELL'S STATIC WATER LEVEL: f				ft. Source for Latitude/Longitude:					
□ below land surface.	below land surface, measured on (mo-day-yr)				(unit make/model:		)			
	above land surface, measured on (mo-day-yr)				(**************************************					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
	after hours pumpinggpm									
	Well water was ft. after hours pumping gpm									
	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC					
						Source:   Land Survey GPS Topographic Map				
	in. to ft.									
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. ☐ Public Water Supply: well ID										
☐ Household 6. ☐ Dewaterin	6. ☐ Dewatering: how many wells?									
	7. Aquifer Recharge: well ID									
	8. Monitoring: well ID				12. Geothermal: how many bores?					
	9. Environmental Remediation: well ID									
	☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface									
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (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 ☐ PVC ☐ Other										
Casing diameter in. to										
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)  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										
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
10 FROM TO LITHOLOG		FRO			THO. LOG (cont.) 01		CINTEDVALS			
TO FROM TO LITHOLOG	GIC LUG	FIX	JIVI	10 L	THO. LOG (cont.) of	FLUGGIN	UINTERVALS			
		Note								
110165										
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)										
Kansas Water Well Contractor's License No										
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.										

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html