

W	_		RECORD		· · · · C-3	2198		sion of Wate					
	Original Record Correction Chang				e in Well Use Fraction	Resources App. No. Section Number T			Taurahin Marah	Well ID           Township Number         Range N			
I	County:				$\begin{array}{ccc} rraction \\ 1/4 & 1/4 & 1/4 \\ 1/4 & 1/4 & 1/4 \\ \end{array}$								
2			T / NT			<sup>1</sup> / <sub>4</sub> T     S     R       treet or Rural Address where well is located (if unknown, distance)							
2	Business: di Address:							rection from nearest town or intersection): If at owner's address, check here:					
	Address: City:												
3	LOCAT	E WELL	State:	ZIP:									
•	WITH "				LETED WELL: ft.			5 Latitude:(decimal degrees)					
	SECTIO	N BOX:	<b>1</b> • 7	Encountered: 1)			Longitude:						
	Ν	1		3) ft., or 4)   TER LEVEL:			Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27						
			n. 		Source for Latitude/Longitude:     GPS (unit make/model:)								
	NW	NE	yr)		$(WAAS enabled? \square Yes \square No)$								
	19 W	INE		vater was	-		Land Survey      Topographic Map     Online Mapper:						
W		E		s pumping									
	SW	CE		vater was									
	3w	3E			urs pumping gpm			6 Elevation:ft.  Ground Level  TOC					
			Estimated Y		<b>C</b> 1	Source:  Land Survey  GPS  Topographic Map							
1		S nilel	Bore Hole L		in. to ft. and			Other					
	1 mile  in. to ft. □ Other												
	Domestic:												
	Housel												
		Household       6. Dewatering: how many wells?         Lawn & Garden       7. Aquifer Recharge: well ID								$\Box$ Uncased $\Box$ G			
	Livesto			g: well ID			12. Geothermal: how many bores?						
2.	🗌 Irrigati	on	vironmenta	al Remediation: well I	D				Loop 🗌 Horizonta				
	Feedlo			Air Sparge		Soil Vapor Extraction			b) Open Loop 🔲 Surface Discharge 📋 Inj. of Water				
4. $\Box$ Industrial $\Box$ Recovery $\Box$ Injection13. $\Box$ Other (specify):													
W	as a chei	mical/bacte	eriological san	iple subm	itted to KDHE? 🗖	Yes 🗌	No	If yes, date	e sar	nple was submitted	1:		
W	Was a chemical/bacteriological sample submitted to KDHE? □ Yes □ No If yes, date sample was submitted:												
8	TYPE O	F CASINO	G USED: 🗆 St	teel 🗌 PV	C 🗌 Other	C.	ASIN	G JOINTS	S: 🗆	Glued Clamped	U Welded	1 🗌 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												
ΤY	TYPE OF SCREEN OR PERFORATION MATERIAL:												
	□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)												
00	□ 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	REEN-P	PERFORAT	TED INTERVA	$ALS^{\cdot}$ From	1 ft. to	ft Fr	om	ft t	0	ft From	ft to	ft	
bC													
9	GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft. 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
					ft., From								
			ole contamination	on:									
	Septic '			Lateral Line	s 🗌 Pit Privy			ivestock Pe		□ Insectic			
	Sewer			Cess Pool	Sewage La	agoon		uel Storage		Abando		Well	
		ight Sewer L	ines $\Box$ S	eepage Pit	☐ Feedyard		⊔F	ertilizer Sto	orage	🗌 Oil Wel	l/Gas Well		
					Distance from w					ft			
	FROM	TO		ITHOLOG		FRO		TO	 Т I Т	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
10	110101	10	L					10			100000		
						Notes	:						
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													
under the business name of													
]	KS Departn	nent of Health			Vater, Geology Section, 1						7. Telephone		
	Visit us at <u>h</u>	<u>ttp://www.kdł</u>	neks.gov/waterwell	/index.html							KS	A 82a-1212	