

W	_		RECORD	-	· · · C-3	0463		ion of Wate					
1	Original Record Correction Change							esources App. No. Section Number Township Num			Well ID per Range Number		
T	County:					4 1/4		er Township Number Range Number T S R \Box E \Box W					
2		· OWNER: 1	Last Name:		First:		Street or Rural Address where well is located (if unknow						
	Business:					direction from nearest town or intersection): If at owner's address, check here:							
	Address: Address:												
	City:		State:	ZIP:									
3	LOCAT		1 DEPTH	(PI FTFD WFI I •	L: ft. 5			5 Latitude:(decimal degrees)					
	WITH "					ncountered: 1) ft.			Longitude:				
	SECTIO N			ft					WGS 84 🗌 NAE				
		WELL'S STATIC WATER LEVEL: Image: Delow land surface, measured on (mo-day)						Source for Latitude/Longitude:					
		, measured on (mo-day , measured on (mo-day			□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)								
	NW	NE			ater was				$(WAAS enabled? \square Yes \square No)$ \square Land Survey \square Topographic Map				
W		E	after		s pumpinggpm			Online Mapper:					
					vater was ft. s pumping gpm								
			Estimated Y					6 Elevation:ft. Ground Level TOC					
		S			in. to ft. and			Source: Land Survey GPS Topographic Map					
	1 n				in. to	ft.		☐ Other					
	7 WELL WATER TO BE USED AS:												
		Domestic:5. □ Public Water Supply: well ID□ Household6. □ Dewatering: how many wells?											
					echarge: well ID			\Box Cased \Box Uncased \Box Geotechnical					
	Livesto		g: well ID		12. Geothermal: how many bores?								
	□ Irrigation 9. Environmental Remediation: well ID									Loop Horizonta			
3. Example Feedlot Air Sparge 4. Industrial Recovery					e Soil Vapor Extraction			b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):					
	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Was a chemical/bacteriological sample submitted to KDHE? \square Yes \square No If yes, date sample was submitted:													
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													
T	TYPE OF SCREEN OR PERFORATION MATERIAL:												
	Steel Stainless 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)												
0.0					ire Wrapped □ Sa						C	C.	
SC					n ft. to								
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. o ft. o ft. ft. to ft. ft. to ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft													
Grout Intervals: From													
Ne	earest sou	rce of possib	le contaminati	on:									
	Septic '			Lateral Line				ivestock Pe			0		
	□ Sewer I □ Waterti	ght Sewer Li	nes DS	Less Pool	□ Sewage La □ Feedyard	agoon		uel Storage ertilizer Sto		☐ Abando ☐ Oil Wel			
	Other (Specify)						erunzer bu	orage				
					Distance from w								
10	FROM	TO	L	ITHOLOG	SIC LOG	FRO	M	ТО	LIT	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS	
						Notes	:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a 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 Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.													
1	Visit us at <u>h</u>	ttp://www.kdh	eks.gov/waterwel	/index.html							K	SA 82a-1212	