

☐ Original Record ☐ Correction ☐ Chang			0200		ion of Water			Wall ID			
Original Record Correction Chang  1 LOCATION OF WATER WELL:	e in Well Use Fraction	e			rces App. No on Number		Torreshin Numb	Well ID	a Numbar		
County:	1/4	1/4 1/	/ <sub>4</sub> 1/ <sub>4</sub>	Secu	on Number	[	Township Numb	er Rai	nge Number □ E □ W		
2 WELL OWNER: Last Name:	·	/4 /		r Diiro	1 Addross v	who					
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:				T						
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:											
WITH "A" IN Donth(s) Groundwater Encountered: 1)											
SECTION BOX: 1 2) ft 3	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
WELL'S STATIC WA'	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:						
□ below land surface.	below land surface, measured on (mo-day-yr)						ınit make/model:		)		
	above land surface, measured on (mo-day-yr)				(						
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
	after hours pumping gpm				Online Mapper:						
CTT CT	Well water was ft. after hours pumping gpm Estimated Yield:gpm										
					6 Elevation:			ft. Ground Level TOC			
	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map						
	in. to										
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						☐ Uncased ☐				
	8. Monitoring: well ID				12. Geothermal: how many bores?						
	9. Environmental Remediation: well ID				a) Closed Loop _ Horizontal Uvertical						
	☐ Air Sparge ☐ Soil Vapor Extract				b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
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											
Casing height above land surface											
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)											
□ Conditious Stot □ Mili Stot □ Gauze Wrapped □ Total Cut □ Drifted Holes □ Other (Specify)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
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		ice from v	FRO				HO. LOG (cont.) o		CINTEDVALS		
TO FROM TO LITHOLOG	JIC LOG		FKU	IVI	10		HO. LOG (cont.) o.	rLUGGIN	GINTERVALS		
			Notes	•							
110003											
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