

| W   | _   |  | RECORD                            | -                                | n n C-3   |  |  | sion of Wate                       |                                 |                              | Well ID   |               |  |
|---|---|--|-----------------------------------|----------------------------------|---|--|--|------------------------------------|---------------------------------|------------------------------|---|---------------|--|
| 1   | Original Record Correction Chang  |  |                                   |                                  | e in Well Use<br>Fraction                                       | 1  | Resources App. No. Section Number  |                                    |                                 | Township Number Range Number |   | go Numbor     |  |
| T   | County:   |  |                                   |                                  | $\frac{1}{1/4}$ $\frac{1}{1/4}$ $\frac{1}{1/4}$ $\frac{1}{1/4}$ |  |  | T S                                |                                 |                              | $\begin{array}{c} R \\ R \\ \Box E \\ \Box W \end{array}$ |               |  |
| 2   |   | OWNER:                                     | Last Name                         |                                  | First:  |  | Street or Rural Address where well is located (if unknown, distance and                          |                                    |                                 |                              |   |               |  |
| -   | Business:   |  |                                   | 1 1100.                          |   | rection from nearest town or intersection): If at owner's address, check here: |  |                                    |                                 |                              |   |               |  |
|   | Address:  |  |                                   |                                  |   |  |  |                                    |                                 | ,                            | ,   | _             |  |
|   | Address:  |  | State:                            |                                  |   |  |  |                                    |                                 |                              |   |               |  |
| 3   | City:   |  |                                   | State.                           | ZIP:  |  |  |                                    |                                 |                              |   |               |  |
| 5   | LOCATE WELL<br>WITH "X" IN 4 DEPTH OF COMPLETED WELL:   |  |                                   |                                  |   |  | ft.  | 5 Latitude:(decimal degrees)       |                                 |                              |   |               |  |
|   | SECTIO  |  | Depth(s) Gr                       |                                  |   | Longitude:(decimal degrees)  |  |                                    |                                 |                              |   |               |  |
|   | Ν   |  | 2) ft. 3) ft., or 4) $\Box$ Dry W |                                  |   |  |  | Datum: 🗌 WGS 84 🔄 NAD 83 🔄 NAD 27  |                                 |                              |   |               |  |
|   |   | WELL'S STATIC WATER LEVEL:                 |                                   |                                  |   |  |  |                                    | Source for Latitude/Longitude:  |                              |   |               |  |
|   | $\frac{1}{10000000000000000000000000000000000$  |  |                                   |                                  |   |  |  |                                    |                                 | VAAS enabled?                |   |               |  |
|   |   | NE   |                                   | vater was                        |   |  |  |                                    | □ Land Survey □ Topographic Map |                              |   |               |  |
| W   |   | E  |                                   | pumping                          |   |  | Online Mapper:   |                                    |                                 |                              |   |               |  |
|   | SW  | SE   | 6                                 |                                  | ater was  |  |  |                                    |                                 |                              |   |               |  |
|   | 1   |  |                                   | pumping                          | . gpm   |  | 6 Eleva  | 6 Elevation:ft.  Ground Level  TOC |                                 |                              |   |               |  |
|   |   | X  | Estimated Y<br>Bore Hole F        |                                  | in. to ft. and  |  |  |                                    | Land Survey GP                  |                              |   |               |  |
|   | l1 n  | nile                                       | Dore Hole L                       | in. to                           |   |  |  |                                    |                                 |                              |   |               |  |
| 7   | 7 WELL WATER TO BE USED AS:   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
| 1.  | Domestic: 5. Dublic Water Supply: well ID 10. Doil Field Water Supply: lease  |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   | House   |  |                                   | g: how many wells?               |   |  | 11. Test Hole: well ID   |                                    |                                 |                              |   |               |  |
|   |   | Lawn & Garden 7. Aquifer Recharge: well ID |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   | Livesto   |  |                                   | g: well IDal Remediation: well I |   |  | <ul><li>12. Geothermal: how many bores?</li><li>a) Closed Loop □ Horizontal □ Vertical</li></ul> |                                    |                                 |                              |   |               |  |
|   | ☐ Irrigati ☐ Feedlo   |  | Air Sparge                        | Extraction                       | ••••  |  |  | Loop $\Box$ Surface Disc           |                                 |                              |   |               |  |
|   | Industr   |  |                                   | Recovery                         |   |  |  |                                    | Other (specify):                |                              |   |               |  |
|   |   |  |                                   |                                  | itted to KDHE?  | Ves DI   | No   |                                    |                                 |                              |   |               |  |
|   |   | disinfected                                |                                   |                                  |   |  | 10   | 11 yes, aat                        | c sun                           | ipie was submitted.          | ••••••  |               |  |
|   |   |  |                                   |                                  | C 🗆 Other   | CA   | SIN  | G IOINTS                           | <u>з п</u>                      | Glued  Clamped               |   | 1 □ Threaded  |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter   |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
| 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)  |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
| 30  | SCREEN OR PERFORATION OPENINGS ARE:   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   | □ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)<br>□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
| SC  |   |  |                                   |                                  | n ft. to  |  |  | × 1                                |                                 | ft., From                    | ft. to  | ft.           |  |
|   |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. o ft. o ft. o ft. to ft. ft. to ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   |   |  |                                   |                                  | . ft., From   | . ft. to   |  | ft., From                          |                                 | ft. to                       | ft.   |               |  |
|   |   |  | le contaminati                    |                                  |   |  | <b>—</b> •   |                                    |                                 |                              | a.  |               |  |
|   | Septic '  | Fank                                       |                                   | Lateral Line                     | s 🗌 Pit Privy   |  |  | ivestock Pe<br>fuel Storage        |                                 | ☐ Insecticid                 |   |               |  |
|   | 🗌 Sewer I   | oht Sewer L                                | ines DS                           | Less root                        | ☐ Sewage La   | agoon  |  | ertilizer Storage                  | ;<br>orage                      |                              |   | wen           |  |
|   | Other (   | Specify)                                   |                                   |                                  | Sewage La   |  |  | ertinzer bu                        | Juge                            |                              | ous wen   |               |  |
| Di  | rection fro   | om well?                                   |                                   |                                  | Distance from w   | vell?  | <u></u>  |                                    |                                 |                              |   |               |  |
| 10  | FROM  | ТО   | L                                 | ITHOLOG                          | GIC LOG   | FROM   | 1  | TO                                 | LIT                             | HO. LOG (cont.) or P         | LUGGIN  | G INTERVALS   |  |
|   |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   |   |  |                                   |                                  |   | 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.  |   |  |                                   |                                  |   |  |  |                                    |                                 |                              |   |               |  |
|   |   |  |                                   |                                  | This W  |  |  |                                    |                                 |                              |   |               |  |
| un  | luer the b  | usiness nan                                | Send one copy to                  | WATER W                          | ELL OWNER and retain  | one for your   | record   | ds. Fee of \$4                     | <br>5.00 f                      | or each constructed well     |   | <u></u>       |  |
|   | KS Departn  | nent of Health                             |                                   |                                  | Vater, Geology Section, 1                                       |  |  |                                    |                                 |                              |   | 785-296-3565. |  |
|   | -   |  | eks.gov/waterwel                  |                                  |   |  |  |                                    |                                 |                              |   | SA 82a-1212   |  |