

				// // C-J	1668		ion of Wate			Wall ID		
	Original Record Correction Chang LOCATION OF WATER WELL:						rces App. N		Townshin Number	Well ID Well ID		
County:					4 ¹ / ₄		T S R			$\Box E \Box W$		
Busines Address Address	:	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:								
City: 3 LOCA'	FF WELL		State:	ZIP:								
WITH		PLETED WELL: ft.			5 Latitude:(decimal degrees)							
SECTI	SECTION BOX: Depth(s) Groundwater Encountered: 1) (2) ft. 3) ft., or 4)						Longitude :					
w	N NE SE E	WELL'S ST below la above la Pump test da after	ATIC WA' and surface, nd surface, ta: Well w hours Well w	TER LEVEL: measured on (mo-day measured on (mo-day rater was pumping	ft. -yr) yr) t. gpm ft.		Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27 <u>Source for Latitude/Longitude</u> : 🗋 GPS (unit make/model:) (WAAS enabled? 🗌 Yes 🗌 No) 🗌 Land Survey 🔲 Topographic Map 🗋 Online Mapper:					
		Estimated Y	Estimated Yield:gpm				6 Elevation:ft. Ground Le					
				in. to			Source: Land Survey GPS Topographic Map Other					
Image:												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease												
Lawn Lives 2. Irriga	Household6. Dewatering: how many wells?Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well IDIrrigation9. Environmental Remediation: well ID					 	 11. Test Hole: well ID Cased Uncased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Horizontal Vertical 					
3. ☐ Feedl 4. ☐ Indus			e Soil Vapor Extraction			b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):						
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? \square Yes \square No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameterin. toft., Diameterin. toft., Diameterin. toft. Casing height above land surfacein. Weightin. toft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel 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 SCREEN-PERFORATED INTERVALS: From												
				Cement grout \square B								
Grout Inter	vals: From	ft. to	·····	. ft., From	. ft. to		ft., From		ft. to	ft.		
Grout Intervals: From												
10 FROM			ITHOLOG		FROM				HO. LOG (cont.) or H	PLUGGIN	G INTERVALS	
						$-\Gamma$						
					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 This Water Well Record was completed on (mo-day-year) under the business name of												
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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. Visit us at <u>http://www.kdheks.gov/waterwell/index.html</u> KSA 82a-1212												