

WATER WE			Form \			0132		sion of Water					
Original Recor		Correction		e in Wel				irces App. N		T 1: N 1	Well II		
1 LOCATION OF WATER WELL:			Fractio		/ 1/	Sect	ion Number	r	Township Numb		ange Number		
County:  2 WELL OWNER: Last Name:					1/4 1	4 1/4	D	1 4 11	1	T S	R	□ E □ W	
Business:	First:			r Rural Address where well is located (if unknown, distance and from nearest town or intersection): If at owner's address, check here:									
Address:					direction	ion nom nearest town of intersection). If at owner's address, eneck nere.							
Address:	Address:												
City:		1	State:	ZIP:				T					
	3 LOCATE WELL 4 DEPTH OF COM					PLETED WELL:			5 Latitude:(decimal degrees)				
WITH "A" IN Donth (a) Croundwater I				Encountered: 1) ft.				Longitude:					
					3) ft., or 4) ☐ Dry Well				Datum: WGS 84 NAD 83 NAD 27				
				TER LEVEL: ft.				Source for Latitude/Longitude:					
☐ below land surface,				measured on (mo-day-yr)				GPS (unit make/model:)					
			measured on (mo-day-yr)			• • • • • • • • • • • • • • • • • • • •	(WAAS enabled? ☐ Yes ☐ No)						
							☐ Land Survey ☐ Topographic Map						
W				pumping gpm vater was ft.				☐ Online Mapper:					
			pumping gpm										
Estimated Yield:							<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC						
			in. to ft. and				Source:   Land Survey GPS Topographic Map						
1 mile				in. to ft.					Ш	Other			
7 WELL WATE	ER TO												
1. Domestic: 5. $\square$ Public Wat							10. 🗌 Oil Field Water Supply: lease						
☐ Household 6. ☐ Dewaterin						11. Test Hole: well ID Geotechnica ☐ Cased ☐ Uncased ☐ Geotechnica							
			echarge: well ID g: well ID										
2. ☐ Irrigation									al: how many bores				
3. ☐ Feedlot ☐ Air Sparge			ll Remediation: well ID ☐ Soil Vapor Extrac					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of V					
4. ☐ Industrial ☐ Recovery				☐ Injection				13.  Other (specify):					
Was a chemical/	bacteri	iological sa	mple subm	itted to	KDHE?	l Yes □	No			nple was submitte			
Water well disinf						. 105 🗀	110	11 j 05, auto	5411	.pre was sacrifice			
8 TYPE OF CA				C □ Otl	her	C	ASIN	G JOINTS:	: П	Glued □ Clamped	d □ Weld	led  Threaded	
Casing diameter													
Casing height abov										or gauge No			
TYPE OF SCREI	EN OR	PERFORA											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)													
		anized Steel	Conci		☐ None	used (ope	n hole)	)					
SCREEN OR PE		ATION OPE  ☐ Mill Slot			nnod 🗆 T	lamah Cut	□ D	illad Halas	$\Box$	Other (Specify)			
										Other (Specify)			
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw C								ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From													
9 GROUT MAT													
Grout Intervals: F													
Nearest source of	possible												
☐ Septic Tank		_	Lateral Line Cess Pool		☐ Pit Privy			Livestock Per	ıs	☐ Insecti			
Sewer Lines		☐ Sewage L		Fuel Storage Abandoned Water Well									
☐ Watertight Se			Seepage Pit		☐ Feedyard		∐ F	Fertilizer Stor	rage	☐ Oil We	ell/Gas We	-II	
☐ Other (Specify)													
10 FROM TO		]	LITHOLOG	FIC LO	G	FRO				HO. LOG (cont.) or		NG 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)													
Kansas Water We	ell Cont	tractor's Lic	ense No		This W	ater Wel	l Reco	ord was com	nplet	ted on (mo-day-y	ear)		
under the business name of													
KS Department of	S Health ar	end one copy t nd Environmen	to WATER W. t, Bureau of W	ELL OW. /ater, Geo	NER and retain logy Section. 1	one for yo	ur recor ckson S	as. Fee of \$5. St., Suite 420.	.00 fc Topel	or each <u>constructed</u> we ka, Kansas 66612-136	eii. 57. Telepho	one 785-296-3565.	