

	** ** C-3	1020	וע	vision of Water	Wall ID			
Original Record Correction Change LOCATION OF WATER WELL:	ge in Well Use Fraction			sources App. Nation Number		han		
County:	1/4 1/4	1/4	1/4	ction Number	1			
					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Business: Street of Rufal 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:							
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:								
WITH "A" IN Denth(s) Groundwater Engagnetised: 1)								
SECTION BOX: (2) ft (3) ft or (4) \square Dry								
N WELL'S STATIC WA	WELL'S STATIC WATER LEVEL: ft.				Source for Latitude/Longitude:			
□ □ below land surface	below land surface, measured on (mo-day-yr)				S (unit 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:			
Well v	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 ft. Other							
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							
	8. Monitoring: well ID				rmal: how many bores?			
3. ☐ Feedlot ☐ Air Sparge		_	traction		en Loop Surface Discharge Inj. of V			
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)								
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Dement 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		om wei	FROM		ITHO. LOG (cont.) or PLUGGING INTE	DVAIC		
TO FROM TO LITHOLOG	GIC LOG		FROM	10	ETHO. LOG (COIII.) OF FLOGGING INTER	CVALS		
			Notes:					
110165.								
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