

M	_		RECORD		1110-5			ion of Wate					
			Correction					esources App. No.			Well ID		
1	LOCATION OF WATER WELL:							tion Number Township Number Range Number T S R $\Box E \Box$					
2	County						·						
2	WELL Business:	OWNER: I	Last Name:		First:		et or Rural Address where well is located (if unknown, distance ar ion from nearest town or intersection): If at owner's address, check here						
	Address:					unection n	omne	alest town o	1 Inter	section). If at Owner	s address, i		
	Address:												
	City:			State:	ZIP:			1					
3	LOCAT WITH "		4 DEPTH	OF COM	IPLETED WELL:	IPLETED WELL: ft.			ude:			(decimal degrees)	
	SECTIO			Encountered: 1)			Longitude:(decimal degrees)						
	N			3) ft., or 4) [1	Datum: WGS 84 NAD 83 NAD 27						
				WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.						Latitude/Longitude:			
	1								□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) □ Land Survey □ Topographic Map				
	NW	NE											
w	X	E	after hours pumping gpm							e Mapper:			
	SW	1		Well water was ft.									
	3	36		after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
		 S			gpm in. to	ft and	Source: Land Survey GPS Topog						
	1 n		Bore Hole D		in. to								
7 WELL WATER TO BE USED AS:													
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease													
					g: how many wells?			11. Test Hole: well ID					
	🗌 Lawn &				echarge: well ID								
	Livesto				g: well ID				al: how many bores				
	☐ Inigati ☐ Feedlo			al Remediation: well ID e Soil Vapor Extraction			a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water						
	Industr			Recovery						specify):			
W	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
	Water well disinfected? \Box Yes \Box No												
8	TYPE O	F CASING	USED: 🗆 St	teel 🗌 PV	C 🗌 Other	CA	SIN	G JOINTS	S: 🗆	Glued Clamped	Welded	1 🗌 Threaded	
	Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.												
Casing height above land surface													
1	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:													
	Contin	uous Slot	I Mill Slot	G						Other (Specify)			
								ne (Open H					
SC					n ft. to								
0					n ft. to								
					Cement grout Be								
			le contaminatio			11. 10		10, 110111					
	Septic 7			ateral Line			ΠL	ivestock Pe	ens	Insectic	ide Storage		
	Sewer l			Cess Pool	🗌 Sewage La			uel Storage		Abando		Well	
		ght Sewer Li					⊔F	ertilizer Sto	orage	🗌 Oil Wel	ll/Gas Well		
					Distance from w					ft			
	FROM	TO		ITHOLO		FROM		TO		HO. LOG (cont.) or		G INTERVALS	
						_	+						
							+						
						Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
un K:	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 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.													
	-		and Environment, eks.gov/waterwell		vater, Geology Section, 10	UUU SW Jack	son St	t., Suite 420,	Tope	ка, Kansas 66612-136		A 82a-1212	
	, 1511 us at <u>11</u>	<u>p.//www.Kull</u>	cho.gov/waterwell	muer.num							17.0	1 1 0 2 a - 1 2 1 2	