

| 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 | |
| | | | | | | | | | | | | | |
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| | | | | | | _ | + | | | | | | |
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| | | | | | | Notes: | | | | | | | |
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| | | | | | | | | | | | | | |
| 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 | |