

W	_		RECORD	-	· · · · · · · · · · · · · · · · · · ·	0293		sion of Wate			Well ID		
1	Original Record Correction Chang			e in Well Use Fraction		Resources App. No. Section Number					ige Number		
T	County:				$\frac{1}{14}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			T S			$\begin{array}{c} R \\ R \\ E \\ E \\ W \end{array}$		
2		OWNER:	Last Name	First:		reet or Rural Address where well is located (if unknown,							
-	Business:				rection from nearest town or intersection): If at owner's address, check here:								
	Address:									,	,		
	Address:			State:	ZIP:								
3	City: LOCAT		State.										
3	WITH "				D WELL: ft.			5 Latitude:					
	SECTIO		ft.		Longitude:(decimal degrees)								
	Ν		Dry We		Datum: 🗌 WGS 84 🔄 NAD 83 📄 NAD 27								
	WELL'S STATIC WATER LEVEL:							Source for Latitude/Longitude:					
	NWNE Derow land surface, measured on (mo-day-yr)									(WAAS enabled? \Box Yes \Box No)			
	IN W	INE			ater was		□ Land Survey □ Topographic Map						
W		E	~		s pumping			Online Mapper:					
	SW	I SE			vater was								
	3,4,	<u>3</u> E			hours pumping gpm				6 Elevation:ft. Ground Level TOC				
		X		nated Yield:gpm • Hole Diameter:ft.				Source: Land Survey GPS Topogra					
	، l1 n	nile	Dole Hole L	in. to									
7	7 WELL WATER TO BE USED AS:												
	Domestic:												
	House			g: how many wells?			11. Test Hole: well ID						
	🗌 Lawn &												
		Livestock 8. Monitoring: well ID Irrigation 9. Environmental Remediation: well ID								al: how many bores?			
	☐ Irrigati					a) Closed Loop Horizontal Vertical							
	☐ Feedlo			 ☐ Air Sparge ☐ Soil Vapor Extra ☐ Recovery ☐ Injection 				b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):					
	Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:												
					C D Other	<u> </u>	ACINI	C IONTS	<u>. </u>	Clued Clemned	Walda	d 🗖 Threadad	
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
	□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)												
Brass Galvanized Steel Concrete tile None used (open hole)													
SC	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)												
50					\square S			× 1		ft Erom	ft to	ft	
50					n ft. to								
9					Cement grout \square B								
					ft., From								
			ole contaminati										
	Septic 7	Tank		Lateral Line	s 🗌 Pit Privy			livestock Pe		Insectició			
	Sewer I	Lines		Cess Pool	Sewage L	agoon	□ F	fuel Storage	e	Abandon		Well	
	U Waterti	ight Sewer L	ines	Seepage Pit	Sewage L		ΠF	Fertilizer Sto	orage	🗌 Oil Well/	Gas Well		
Di	\Box Other (specify) m well?		•••••	Distance from v	 vell?				ft			
	FROM	TO		ITHOLOG		FRO				HO. LOG (cont.) or P	LUGGIN	G INTERVALS	
_ 0		-						-1					
						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													
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.													
	-		and Environment		vater, Geology Section, 1	000 SW Jac	kson S	a., Suite 420,	, 10pe	ka, Kansas 00012-1367.		SA 82a-1212	
	visit us at n	<u>p.//www.Kar</u>	icks.gov/waterwel	/ muex.num							IX.C	11 02a-1212	