

		RECORD	-	· · · C-3	3948		sion of Wat					
Original Record Correction Change i							ources App. No.			Well ID		
				Fraction		Section Nu			Township Number Range Number			
$\begin{array}{c c} County: & 1/4 & 1/4 \\ \hline \end{array}$												
							treet or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here:					
	City: State: ZIP:											
3 LOCAT	E WELL					ft. 5 Latitude :(decimal degrees)						
WITH '	4 DEPTH OF COMPLETED WELL: WITH "X" IN SECTION BOX. Depth(s) Groundwater Encountered: 1)											
SECTIO	ON BOX:				Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27							
1	N 2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL:										AD 27	
	WELL SSTATIC WATER LEVEL:								Latitude/Longitude:		\ \	
N1117			\square above land surface, measured on (mo-day-yr). \square above land surface, measured on (mo-day-yr).					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)				
NW	NE		Pump test data: Well water was ft.						Survey		10)	
w	E	- 6	after hours pumping gpm					Online Mapper:				
			Well water was ft.									
SW	SE			hours pumping gpm								
				timated Yield:gpm				6 Elevation:ft. Gr				
				in. to ft. and ft. in. to ft.			Sourc	Source: Land Survey GPS Topographic Map				
	mile	ft.		□ Other								
7 WELL WATER TO BE USED AS:												
1. Domestic												
		g: how many wells?					\Box Uncased \Box G					
	n & Garden 7. 🗌 Aquifer Recharge: well ID											
2. \Box Irrigat	— <i>b</i>											
3. ☐ Feedlo									Loop \Box Surface Dis			
	$3. \square$ receive \square run sparge \square son vapor \square $4. \square$ Industrial \square Recovery \square Injection							13. \Box 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 JOINTS: Glued Clamped Welded Threaded												
Casing diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter												
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
$\Box \text{ Steel} \Box \text{ Stainless Steel} \Box \text{ Fiberglass} \Box \text{PVC} \Box \text{ Other (Specify)} \dots \dots$												
□ 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)												
				n ft. to								
				n ft. to								
] Cement grout 🛛 🛛								
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.												
		ble contaminatio		□ D'(D '			· · · 1 D			1.0		
□ Septic □ Sewer			ateral Line Cess Pool		0.000 n		Livestock Pe Fuel Storage		☐ Insectici			
		ines DS	Cess Pool leepage Pit	☐ Sewage I	Lagoon		Fertilizer Sto				wen	
\square Other	(Specify)		cepage I n					Jiage		1/Gas wen		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) Distance from well? ft.												
10 FROM	TO		ITHOLOG			DM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
					Note	es:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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.												
-		neks.gov/waterwell				~	,	r			SA 82a-1212	