

| | VV VV C-3 | -00010 | | ion of Water | | Wall ID | | | |
|--|---|---|------|--|--------------------------------------|--|-----------------------|--|--|
| Original Record Correction Chang 1 LOCATION OF WATER WELL: | ge in Well Use Fraction | | | rces App. No. | Township Numb | Well ID | an Numban | | |
| County: | 1/4 1/4 | 1/4 1/4 | Secu | on Number | Township Numb | er Ran R | ige Number □ E □ W | | |
| 2 WELL OWNER: Last Name: | r Duro | Rural Address where well is located (if unknown, distance and | | | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural 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: | | | 1 | | | | | |
| 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude: | | | | | | | | | |
| WITH "A" IN Donth(s) Croundwater | | | | | | | | | |
| 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) | | | | GPS (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 water was ft. after hours pumping gpm | | | | | | | | |
| | Estimated Yield:gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| | | | | | | ource: Land Survey GPS Topographic Map | | | |
| | in. to ft. | | | | | | | | |
| 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 | | | | 12. Geothermal: how many bores? | | | | |
| | 9. Environmental Remediation: well ID | | | a) Closed Loop Horizontal Vertical | | | | | |
| | ☐ Air Sparge ☐ Soil Vapor Extraction | | | | b) Open Loop | | | | |
| 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 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) 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 ft. to ft., From ft., From ft. to ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement 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 | | FRC | | | THO. LOG (cont.) 01 | | CINTEDVALS | | |
| 10 FROM 10 LITHOLOG | GIC LUG | FKC | IVI | IO LI | THO. LOG (cont.) of | FLUGGIN | UINTERVALS | | |
| | | | - | | | | | | |
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| | | Note | 2• | | | | | | |
| 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 Visit us at http://www.kdheks.gov/waterwell/index.html