

WATER WE			orm W			200	3010		sion of Wat	-					
Original Reco			Change in						irces App. 1		T 1: N 1	Well II			
1 LOCATION	OF WA	ATER WELL:	F	raction		1.	/ 1/	Sect	ion Numb	er	Township Numb		lange Number		
County: 2 WELL OWNER: Last Name:				1/4	1/4	1/2		D	.1 4 11	1	T S	R	EW		
2 WELL OWN Business:	EK: La	st Name:	ŀ						aral Address where well is located (if unknown, distance and						
Address:						direction	ction from nearest town or intersection): If at owner's address, check here:								
Address:															
City:		State	: 2	ZIP:											
3 LOCATE WE	3 LOCATE WELL 4 DEPTH OF COME							£.	5 T a434				(1 : 11)		
WITH "X" IN	WITH "A" IN Depth(s) Groundwater I									5 Latitude:(decimal degrees)					
SECTION BUX:				Encountered: 1) ft. 3) ft., or 4) \square Dry Wel					Longitude:						
N		TER LEVEL: ft					Source for Latitude/Longitude:								
		measured on (mo-day-yr)					GPS (unit make/model:)								
				measured on (mo-day-yr)					(WAAS enabled? Yes No)						
Pump test data: Well w				ater was ft.					☐ Land Survey ☐ Topographic Map						
				s pumpinggpm					Online Mapper:						
CW CE				vater was ft.					6 Elevation:ft. Ground Level TOC						
anter nours				pumping gpm											
Estimated Yield: S Bore Hole Diameter:				gpm in. to ft. and					Source: Land Survey GPS Topographic Map						
				in. to it. and					Other						
7 WELL WATI	_ '	BE USED AS:		11	1. to		11.								
1. Domestic:	EK 10		lic Water	Supply	v· well l	ID			10 🗆 0	il Fie	eld Water Supply: 1	ease			
☐ Household		ter Supply: well IDg: how many wells?													
				echarge: well ID											
				g: well ID											
				al Remediation: well ID											
3. ☐ Feedlot ☐ Air Sparge				e ☐ Soil Vapor Ext				ı	b) Open Loop Surface Discharge Inj. of Wate						
4. 🗌 Industrial		☐ Rec	covery] Injecti	on			13. 🔲 O	ther	(specify):		• • • • • • • • • • • • • • • • • • • •		
Was a chemical/	bacteri	ological sample	submitt	ed to	KDHE	? 🗆	Yes 🗌	No	If yes, dat	e sar	nple was submitte	d:			
Water well disinf	ected?	☐ Yes ☐ No													
8 TYPE OF CA	SING	USED: ☐ Steel	□ PVC	Oth	er		C	ASIN	G JOINTS	S: 🗆	Glued Clampe	d Wel	ded Threaded		
Casing diameter		in. to	ft., D	iamete	r		. in. to		ft., Diar	neter	in. to		ft.		
							lbs	./ft.	Wall thic	kness	s or gauge No		••		
TYPE OF SCRE															
] Fibergla		□ P					her (Specify)				
			Concrete		□N	lone i	used (oper	n hole))						
SCREEN OR PE					,		1.0.		.11 1 77 1		0.1 (0 :0)				
Continuous S		☐ Mill Slot ☐ Key Punched	Gauz						illed Holes one (Open I		Other (Specify)	• • • • • • • • • • • • • • • • • • • •	•••••		
SCREEN-PERFO												ft	to ft.		
GRAVEL PACK INTERVALS: From															
Grout Intervals: From															
Nearest source of	possible	contamination:	10	, 1 1011	1	•••••	. 11. 10		10., 1 10111		11. 10	, 1			
Septic Tank	Possion	Latera	al Lines	[☐ Pit Pr	rivy		\Box I	Livestock Po	ens	☐ Insecti	cide Stora	ige		
☐ Sewer Lines		Cess 1			☐ Sewa		agoon		Fuel Storage		☐ Aband				
☐ Watertight Se					☐ Feedy			□ F	Fertilizer St	orage	□ Oil We	ell/Gas We	ell		
Other (Specify)															
						om w									
10 FROM TO	U	LITH	OLOGIC	J LOG	r		FRO	M	TO	LIT	HO. LOG (cont.) or	: PLUGG	ING INTERVALS		
							18⊾T 4								
	Notes:														
11 CONTRD A CO	FODIC	OD I ANDOUA	TEDIS C	TDA	IETCAT	TIO	N. Tl-:-	vote:	11 [[]	-	matmioted D	onaturt	d on [=1		
under my juriselie	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged														
Kansas Water W	under my jurisdiction and was completed on (mo-day-year)														
under the busines	s name	of													
	S	end one copy to WA	TER WEL	L OWN	IER and i	retain	one for you	ır recor	rds. Fee of \$	5.00 f	or each constructed we	ell.			
KS Department of	Health ar	d Environment, Bure	eau of Wate	er, Geol	ogy Sect	ion, 1	000 SW Jac	ekson S	St., Suite 420	, Торе	eka, Kansas 66612-130	57. Teleph	one 785-296-3565.		

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html