

Original Record Correction Change in Well Use					Division of Water Resources App. No. Well ID					
1 LOCATION OF W		Fraction			ion Number		wnship Numbe	Well ID	nge Number	
County:			1/4 1/4	Scci	ion rumoc	1 100	T S	Range Number		
2 WELL OWNER: La	ast Name:	First:		reet or Rural Address where well is located (if unknown, distance at						
Business: direction from nearest town or intersection): If at owner's address, check here:										
Address: Address:										
City:	State:	ZIP:								
3 LOCATE WELL										
WITH "X" IN	4 DEPTH OF COM			5 Latitude:(decimal degrees)						
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27					
N	WELL'S STATIC WA	biy ₩		Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr).				GPS (unit make/model:)					
NW NE X -	above land surface,		• • • • • • • • • • • • • • • • • • • •	(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well w			☐ Land Survey ☐ Topographic Map						
W E	after hours Well w			☐ Online Mapper:						
SW SE	after hours									
	Estimated Yield:	gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S	Bore Hole Diameter: in. to									
1 mile in. to ft.										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
☐ Household	6. Dewatering: how many wells?									
Lawn & Garden	7. 🗌 Aquifer Re			☐ Cased ☐ Uncased ☐ Geotechnical						
Livestock	8. Monitorin			12. Geothermal: how many bores?						
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmenta			a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge 4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? \[\sqrt{Yes} \] No If yes, date sample was submitted:										
Water well disinfected? Yes No										
8 TYPE OF CASING USED: Steel PVC Other										
Casing diameter in. to ft., Diameter ft., Diameter ft.										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Steinless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
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										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Septic Tank										
☐ Sewer Lines	Cess Pool	☐ Sewage I	Lagoon		Fuel Storage		☐ Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
10 FROM TO	LITHOLOG		FRO					PLUGGIN	G INTERVALS	
10 1110111		010 200	1110		10		200 (001111) 01	1200011	<u>O II (I III (I III)</u>	
			NT 4							
	Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged										
under my jurisdiction ar	nd was completed on (m	no-dav-vear)		and t	his record is	s true to	the best of my	knowled	ge and belief.	
Kansas Water Well Con	ntractor's License No	This V	Vater Wel	l Reco	ord was con	npleted o	on (mo-day-ye	ear)		
under the business name	Send one convite WATER W	VELL OWNED and rate:	n one for vo	ur reco	rds Faa of \$5	00 for acc	h constructed well			
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.										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										