

WATER WEL			Division of Water						
Original Record	Correction Cha	nge in Well Use Fraction		Resources App. No. Section Number		Township Numb	Well ID	ga Numbar	
County:	F WAIER WELL:		1/4 1/4 1/4 1/4 1/4			on Number $\left[\begin{array}{c c} \text{Township Number} & \text{Range Number} \\ \text{T} & \text{S} & \text{R} & \square \text{ E} & \square \text{ W} \end{array} \right]$			
2 WELL OWNE	CR: Last Name	First:	Street or Rural Address where well is located (if unknown,						
Business:	24V 240V I MINO	11100					intersection): If at owner's address, check here:		
Address:									
Address: City:	State:	ZIP:							
3 LOCATE WEL	7	•							
WITH "X" IN	WITH "X" IN 4 DEPTH OF COMPLETED WELLS								
SECTION BOX		Encountered: 1) ft. 3) ft., or 4) \(\square\) Dry Well			Longitude:				
N		ΓER LEVEL: ft.			∐ WGS 84		AD 27		
		, measured on (mo-day-yr)			GPS (unit make/model:)				
NW NE -	above land surface	measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)				
	-	water was f				☐ Land Survey ☐ Topographic Map			
w		pumping gpm vater was ft.			☐ Online Mapper:				
SW SE -			pumping gpm						
	Estimated Yield:					6 Elevation:ft. Ground Level TOC			
		in. to ft. and			Source:				
1 mile	'	in. to	in. to ft.				Other		
7 WELL WATER TO BE USED AS:									
1. Domestic: ☐ Household		 5. ☐ Public Water Supply: well ID 6. ☐ Dewatering: how many wells? 			10. Oil Field Water Supply: lease				
☐ Household ☐ Lawn & Garde					☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock		g: well ID			12. Geothermal: how many bores?				
2. Irrigation] Irrigation 9. Environmental Remediation:				a) Closed Loop Horizontal Vertical				
3. Feedlot	ge Soil Vapor I	Extraction							
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									
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									
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other									
Grout Intervals: From									
	ossible contamination:								
Septic Tank	☐ Lateral Li				vestock Pens		cide Storage		
Sewer Lines	☐ Cess Pool er Lines ☐ Seepage F		goon		iel Storage		oned Water V ell/Gas Well	well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)									
Direction from well? Distance from well?									
10 FROM TO	LITHOLO	OGIC LOG	FROM	1	TO I	ITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
			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)									
Kansas Water Well Contractor's License No									
under the business	Send one copy to WATER	WELL OWNER and retain of	one for your	record	ls. Fee of \$5.0	00 for each constructed w	ell.	• • • • • • • • • • • • • • • • • • • •	
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									