| WATER WELL R | | WWC-5 | | ision of Wate | | | |
|---|--|-------------------------|------------|--|--|--|--|
| Original Record | | nge in Well Use | | ources App. N | | | |
| 1 LOCATION OF WA | | Fraction | | tion Numbe | 1 | | |
| County: Pottan | ectomie | 3 W/4 5 E/4 NW/4 | 1/4 | 11 | T 10 S R & X E D W | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | |
| Business: Pottauatomie County RWDH2 direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: Po. Cox 233 | | | | | | | |
| City: Warnego State: K5 ZIP: 106547 Approximately 4 miles west of St. Geo. | | | | | | | |
| 3 LOCATE WELL | | - JPJ (/ | 110 | 0 | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: 42 ft. | | | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | Long | Longitude:(decimal degrees) | | |
| N | 2) ft. 3) ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: ft. | | | Horizontal Datum: WGS 84 NAD 83 NAD 27 | | | |
| | below land surface, measured on (mo-day-yr) | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | |
| NW NE | | | | | (WAAS enabled? Yes No) | | |
| NW NE | Pump test data: Well water was ft. | | | ☐ Land Survey ☐ Topographic Map | | | |
| W E | | | | Online Mapper: | | | |
| SW SE | Well water was ft. | | | | 1.1 | | |
| SW SE | after hours pumping gpm | | | | tion: A Cround Lovel C TOC | | |
| | Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | |
| S Bore Hole Diameter: in. to | | | | nd Source: Land Survey GPS Topographic Map | | | |
| | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | | Water Supply: well ID | | | l Field Water Supply: lease | | |
| ☐ Lawn & Garden | | | | | | | |
| ☐ Livestock | | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | a) Closed Loop Horizontal Vertical | | | |
| 3. ☐ Feedlot | | | | b) Open Loop Surface Discharge Inj. of Water | | | |
| 4. 🗌 Industrial | Recove | - | | | her (specify): | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | |
| Water well disinfected? \(\subseteq \text{Yes} \) No | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other | | | | | | | |
| Casing diameter | | | | | | | |
| Casing height above land surface | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | |
| SCREEN OR PERFOR | ATION 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 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) | | | | | | | |
| Direction from well? | | | | | | | |
| 10 FROM TO | LITHOL | OGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | | |
| | | 1 | 0 | 5' | | | |
| | | | 5' | 8' | Cement | | |
| | | | 8' | 30 | Bentonija Mod aLip | | |
| | 7 × 1 | | 30' | 42 | chlorinaded unstand pilar rock | | |
| | | | | | | | |
| | | a company of the second | | | | | |
| | Notes: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | |
| under my jurisdiction an | d was completed on | (mo-day-year) | and | this record i | s true to the best of my knowledge and belief. | | |
| Kansas Water Well Contractor's License No. 335 This Water Well Record was completed on (mo-day-year) | | | | | | | |
| under the business name of Auxa Day Signature Allow Older GWTS Section, Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, | | | | | | | |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | |
| Visit us at http://www.kdheks. | | | KSA 82a-12 | | Revised 7/10/2015 | | |