

| | WELL R | | WWC-5 1116 | L | vivision of Wa | | | | |
|--|---|---|--|---|--|---|--|---|--|
| Original Record Correction Changer I LOCATION OF WATER WELL: | | | | | | urces App. No tion Number Township Num | | Well ID Range Number | |
| County: | | | | | | | T S | $\begin{array}{c} \text{R} \\ \text{R} \\ \end{array} \\ \text{E} \\ \text{E} \\ \text{W} $ | |
| | OWNER: L | ast Name: | First: | | Rural Addres | s when | | f unknown, distance and | |
| Business: | | | 1 1100 | | direction from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: | | | | | | | | | |
| Address: City: | | State: | ZIP: | | | | | | |
| 3 LOCAT | E WELL | | | | | | | | |
| WITH "X" IN 4 DEPTH OF COL | | | IPLETED WELL: | | 5 Latitude:(decimal degrees) | | | | |
| SECTIO | N BOX: | | | ncountered: 1) ft. ft., or 4) 🗌 Dry Well | | | Longitude:(decimal degrees) | | |
| N | 1 | WELL'S STATIC WA | | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | |
| | | | below land surface, measured on (mo-day-yr | | | | |) | |
| NW | NE | above land surface | | | (WAAS enabled? \Box Yes \Box No) | | | | |
| | | Pump test data: Well v | | □ Land Survey □ Topographic Map | | | | | |
| W E | | after hours pumping gpm | | | | Online Mapper: | | | |
| SW | SE | Well water wasft. after hours pumping | | | | | | | |
| | | Estimated Yield:gpm | | | 6 Elev | 6 Elevation:ft. Ground Level TOC | | | |
| S | | Bore Hole Diameter: | ft. and | and <u>Source</u> : Land Survey GPS Topographic M | | | PS 🔲 Topographic Map | | |
| 1 n | | | ft. | Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | | 5. Dewatering: how many wells? | | | | | | |
| Housel | | | | | | | | | |
| Lawn a | | echarge: well ID | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | | | |
| | | | | | | | a) Closed Loop \Box Horizontal \Box Vertical | | |
| 3. ☐ Feedlot | | | | | b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water | | | | |
| 4. 🗍 Industr | | | - | 13. Other (specify): | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? \Box Yes \Box No | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| Steel Steinless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole) | | | | | | | | | |
| ☐ 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 ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | | | |
| 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? Distance from well? 10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS | | | | | | | | | |
| 10 FROM | TO | LITHOLO | GIC LOG | FROM | TO | LIT | HO. LOG (cont.) or P | LUGGING INTERVALS | |
| | | | | | | | | | |
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| | | | | Notes: | | | | | |
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| | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Wa | Kansas Water Well Contractor's License No | | | | | | | | |
| | usiness name | e of | | | | | | | |
| | | Send one copy to WATER W | /ELL OWNER and retain | one for your r | ecords. Fee of S | \$5.00 fo | or each constructed well. | | |
| - | | nd Environment, Bureau of V | | JUU SW Jacks | on St., Suite 420 | 0, Topel | ka, Kansas 66612-1367. | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | |