

	WELL R			WWC-5 1235	1		on of Wate					
Original Record Correction Change     LOCATION OF WATER WELL:							cources App. No.			Well ID Range Number		
County:							$\begin{array}{c c} T & S & R & \Box E & \Box W \end{array}$					
	OWNER: L	ast Name:				treet or Rural Address where well is located (if 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				PLETED WELL: ft. ncountered: 1) ft.			5 Latitude:(decimal degrees)					
	ON BOX:			Longitude:(decimal degrees) Datum: 🗌 WGS 84 🔄 NAD 83 🔄 NAD 27								
	N				ft., or 4) 🗖 Dry Well ER LEVEL: ft.			Source for Latitude/Longitude:				
			below land surface, measured on (mo-day-yr)						nit make/model:		)	
NW -	NE	above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
		Pump test data: Well water was ft.										
W	E	after hours pumping gpm Well water was ft.										
SW	SE X	after hours pumping										
			Estimated Yield:gpm					6 Elevation:ft.  Ground Level TOC				
	S	Bore Hole D	Bore Hole Diameter: in. to				Source	ource: □ Land Survey □ GPS □ Topographic Map				
1	mile			in. to	ft.		□ Other					
7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>												
	$\Box \text{ Household} \qquad 5. \Box \text{ Public water Supply: well ID}$											
	& Garden	echarge: well ID			Cased Uncased Geotechnical							
Livest	ock	8. Monitoring: well ID							al: how many bores			
2. 🗌 Irrigat	rrigation 9. Environmental Remediation: well ID .								Loop 🗌 Horizonta			
3. 🗌 Feedle		-						ce Discharge 🔲 Inj. of Water				
4. Industrial Recovery Injection 13. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:												
Water well disinfected? Yes No												
8 TYPE OF CASING USED: Steel Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter												
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
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)												
										ft. to	ft.	
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. or ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.												
9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other												
				ft., From	ft. to		. ft., From		ft. to	ft.		
	-	e contaminatio		□ n' n '		— T ·	( 1 D			1.0		
□ Septic □ Sewer			ateral Line Cess Pool				vestock Pe el Storage		☐ Insectici ☐ Abando	0		
		nes □S					rtilizer Sto				wen	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)												
				Distance from we		1						
10 FROM	TO	L	ITHOLOG	GIC LOG	FROM		ТО	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
					Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, 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 Water Well Contractor's License No												
under the business name of												
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.												
-		<u>ks.gov/waterwell</u>		, act, Geology Section, 10	JOU DIT JACK	,on ot.,	, Suite <del>4</del> 20,	, rope	, ixunsas 00012-1307		SA 82a-1212	