| | | RECORD | | WWC-5 | Div | ision of Water | | | |
|--|--|---|--|--|---------------------|---|--|--|--|
| | | Correction | | ge in Well Use | | urces App. No | | Well ID | |
| 1 LOCAT | TION OF | WATER WEI | LL: | Fraction | | tion Number | | | |
| County | OWNED | KINSO | 2 | 1/4 Ne1/4 Ne | | 2/ | T /4 S | R 3 DE DW | |
| County: CHINGON WELL OWNER: Last Name: John Son Business: 14-34 Alast Alast Name: John Son Business: 14-34 Business: 14-3 | | | | | | | | | |
| Address: 1536 Nail By | | | | | | | | | |
| Address: | | | | | | | | | |
| City: Fnterprice State: 53 ZIP/J// State: 53 ZIP/J// State: 53 ZIP/J// ft. 5 Latitude: | | | | | | | | | |
| WITH " | | | | | | 5 Latitud | de: | (decimal degrees) | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | Longit | ude: | (decimal degrees) | |
| 1 | 2) | | | | | | ☐ WGS 84 ☐ NA | | |
| | | | WELL'S STATIC WATER LEVEL: | | | | | | |
| NW | NE | above | above land surface, measured on (mo-day-yr). | | | | (WAAS enabled? | | |
| | i | Pump test d | Pump test data: Well water was | | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | |
| w | | E after | | | | | | | |
| SW | SE | ofter | | | | | | | |
| | 1 | Estimated Y | | | | | ion:ft | t. Ground Level TOC | |
| | S | Bore Hole | Bore Hole Diameter: in. to ft. ar | | | Source: Land Survey GPS Topographic Map | | | |
| 1 n | | | in. to ft. | | | ☐ Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | | | ater Supply: well ID. | | | | ease | |
| Lawn d | | | | ng: how many wells? | | | 11. Test Hole: well ID | | |
| | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | | |
| | ☐ Irrigation 9. Environmental Remediation: well ID | | | | | | | | |
| 1 | . 🗌 Feedlot 💢 Air Sparge 💢 Soil Vapor E | | | | | | | ischarge Inj. of Water | |
| 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 in to the Diameter in the Diamete | | | | | | | | | |
| Casing diameter in. to ft., Di | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ FVC ☐ 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 ft to ft From ft to ft | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT | ' MATER | IIAL: □ Neat | cement [| 🛚 Cement grout 🛮 🗂 | Bentonite 🔲 C | ther | | ****** | |
| Grout Intervals: From ft. to ft., From ft. to ft. ft. | | | | | | | | | |
| Nearest source of possible contamination: Septic Tank | | | | | | | | | |
| Sewer | | | Cess Pool | ☐ Sewage I | | Fuel Storage | | loned Water Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| Direction from well? Distance from well? | | | | | | | | | |
| 10 FROM | m well? | | LITHOLO | | FROM | | ft | : r PLUGGING INTERVALS | |
| (9) | | TONSO | f I | GIC LOG | FROM | 10 1 | ZITTO, LOG (com.) o | TEOOGING INTERVALS | |
| 3 | 3 | VEILOU | 1010 | .1/ | | | | · · · · · · · · · · · · · · · · · · · | |
| | | 7 400 | 166 | 7 | | | | # 17 A A A A A A A A A A A A A A A A A A | |
| 24 | 63 | YEILOU | 2 Sha | NerRed | Shale | ? | | | |
| , | | | | | | | | | |
| 63 | Colone | Crumk | 2104 | Shale L | weer | | | | |
| 10/1 | () () () () () | 111. * | - / r | | Notes: | | | | |
| 64 70 Hand Rad Shale | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was constructed, _ reconstructed, or _ plugged | | | | | | | | | |
| under my jurisdiction and was completed on (morday) year) | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| under the b | usiness na | ime of | 10.15h | 1. W. G J. D. i., | 1.1. F. W. G | | | | |
| INSTRUC | CTIONS: Sen Department o | d one copy to WATE f Health and Environs | R WELL OWN nent, Burcau of | IER and retain one copy for f Water, Geology Section 10 | your records Submit | fee of \$5.00 for easilite 420. Toneka | ach constructed well along w Kansas 66612-1367 Teleph | vith one (white) copy to Kansas | |
| 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 Revised 9/10/2012 | | | | | | | | | |