

|                                                                                                                                                                                                                                                                       | WELL R                                                    |                          | WWC-5 <sup>1142</sup>                           | DI               | vision of Wate                                                                    |                                                                                                        |                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------|-------------------------------------------------|------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|
| Original Record       Correction       Change         1       LOCATION OF WATER WELL:                                                                                                                                                                                 |                                                           |                          |                                                 |                  |                                                                                   | rces App. No. Well ID On Number Township Number Range Number                                           |                                                      |  |
| County:                                                                                                                                                                                                                                                               |                                                           |                          |                                                 |                  | Section Number T                                                                  |                                                                                                        | $\begin{array}{c} R \\ R \\ E \\ E \\ W \end{array}$ |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  |                                                                                   | $\frac{T  S  R  \Box  E  \Box  W}{\text{ral Address where well is located (if unknown, distance and}}$ |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  | rection from nearest town or intersection): If at owner's address, check here:    |                                                                                                        |                                                      |  |
| Address:                                                                                                                                                                                                                                                              |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| Address:<br>City: State: ZIP:                                                                                                                                                                                                                                         |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| 3 LOCATE WELL                                                                                                                                                                                                                                                         |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| WITH "                                                                                                                                                                                                                                                                |                                                           |                          | IPLETED WELL: .                                 |                  |                                                                                   |                                                                                                        | (decimal degrees)                                    |  |
|                                                                                                                                                                                                                                                                       | SECTION BOX:<br>N Depth(s) Groundwater Encountered: 1) 2) |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| 1                                                                                                                                                                                                                                                                     | 1                                                         |                          | TER LEVEL:                                      |                  |                                                                                   | Source for Latitude/Longitude:                                                                         |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          | below land surface, measured on (mo-day-yr      |                  |                                                                                   |                                                                                                        | <u>.</u> )                                           |  |
| NW                                                                                                                                                                                                                                                                    | NE                                                        | above land surface       | yr)                                             |                  | (WAAS enabled? ☐ Yes ☐ No)<br>☐ Land Survey ☐ Topographic Map<br>☐ Online Mapper: |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           | Pump test data: Well v   |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| W                                                                                                                                                                                                                                                                     | E                                                         | after hour               |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| SW                                                                                                                                                                                                                                                                    | SE                                                        |                          | Well water wasft.           after hours pumping |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          | stimated Yield:gpm                              |                  |                                                                                   | 6 Elevation:ft.  Ground Level TOC                                                                      |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          | in. to ft. and                                  |                  | Source                                                                            | Source:  Land Survey  GPS  Topographic Map                                                             |                                                      |  |
| 1 r                                                                                                                                                                                                                                                                   | 1                                                         |                          | in. to                                          | ft.              | □ Other                                                                           |                                                                                                        |                                                      |  |
| 7 WELL WATER TO BE USED AS:                                                                                                                                                                                                                                           |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| 1. Domestic:       5. □ Public Water Supply: well ID         □ Household       6. □ Dewatering: how many wells?                                                                                                                                                       |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          | echarge: well ID                                |                  |                                                                                   | 11. Test Hole: well ID<br>☐ Cased ☐ Uncased ☐ Geotechnical                                             |                                                      |  |
|                                                                                                                                                                                                                                                                       | □ Livestock                                               |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          | al Remediation: well II                         |                  |                                                                                   |                                                                                                        |                                                      |  |
| 3. 🗌 Feedlot 🗌 Air Sparge                                                                                                                                                                                                                                             |                                                           |                          |                                                 | Extraction       |                                                                                   | b) Open Loop 🗌 Surface Discharge 📋 Inj. of Water                                                       |                                                      |  |
| 4. 🗌 Industr                                                                                                                                                                                                                                                          | ial                                                       | Recovery                 | □ Injection                                     |                  | 13. 🗌 Ot                                                                          | her (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 JOINTS: Glued Clamped Welded Threaded                                                                                                                                                                                   |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.<br>Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No                                                                                                               |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                               |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ Fiberglass} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$ |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| ☐ 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. to ft. comments ft. to ft. From                                                                                                                                                                         |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| GRAVEL PACK INTERVALS:       From                                                                                                                                                                                                                                     |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| Grout Intervals: From                                                                                                                                                                                                                                                 |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| Nearest source of possible contamination:                                                                                                                                                                                                                             |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| Septic                                                                                                                                                                                                                                                                |                                                           | Lateral Line             |                                                 |                  | Livestock Pe                                                                      |                                                                                                        | cide 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? ft.                                                                                                                                                                                                                                              |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| 10 FROM                                                                                                                                                                                                                                                               | TO                                                        | LITHOLO                  |                                                 | FROM             |                                                                                   |                                                                                                        | r PLUGGING INTERVALS                                 |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  | +                                                                                 |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 | Notes:           | 1L                                                                                |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, are plugged                                                                                                                                                                          |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)                                           |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
| under the business name of                                                                                                                                                                                                                                            |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |
|                                                                                                                                                                                                                                                                       |                                                           | Send one copy to WATER W | /ELL OWNER and retain of                        | one for your red | cords. Fee of \$5                                                                 | .00 for each constructed we                                                                            | 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212                                                                                                                                          |                                                           |                          |                                                 |                  |                                                                                   |                                                                                                        |                                                      |  |