

M	_		RECORD		WWC-5 1313	D	ivision of Wa					
1	Original Record Correction Change in LOCATION OF WATER WELL: Fr				Fraction		rces App. No. Well ID Well ID ON Number Township Number Range Nu			ge Number		
T	County:								$\begin{array}{c c} T & S \\ T & S \\ \end{array} R \square E \square W$			
2		OWNER: I	ast Name:			Street or Rural Address where well is located (if unknown, distance and						
-	Business:	0 11 1210				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.			5 Latitude:(decimal degrees)			
	SECTIO	N BOX:			Encountered: 1)			Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				
	Ν	1			3) ft., or 4) [ TER LEVEL:							
					yr)		GPS (unit make/model:)					
	NW	NE		above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No)			
	1		~	ater was ft		□ Land Survey □ Topographic Map □ Online Mapper:						
W		E	after	s pumping								
	SW	SE	after	vater was fi								
	1	VI		after hours pumping gpm Estimated Yield:gpm				6 Elevation:ft.  Ground Level  TOC				
		× – – – – – – – – – – – – – – – – – – –				ft. and	Sour	Source:  Land Survey GPS Topographic Map				
		1 mile			in. to		Other					
	7 WELL WATER TO BE USED AS:											
	Domestic:				ter Supply: well ID							
	Housel			g: how many wells?								
	□ Lawn &		-	echarge: well ID			Cased Uncased Geotechnical 12. Geothermal: how many bores?					
	☐ Livestock       8. ☐ Monitoring: well ID         ☐ Irrigation       9. Environmental Remediation: well ID											
	☐ Feedlo							Loop $\square$ Surface Discharge $\square$ Inj. of Water				
4. Industrial Recovery Injection 13. Other (specify):												
W	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												
T	TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Fiberglass         PVC       Other (Specify)											
□ Steel □ Statilless Steel □ Proeiglass □ PVC □ Other (Specify)												
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												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
			le contaminati			11. 10	11., 1101			It.		
	Septic '	-		Lateral Line	es 🗌 Pit Privy	C	Livestock F	Pens	Insectici	de Storage		
	Sewer l			Cess Pool	🗌 Sewage Lag	goon [	Fuel Storag		Abandon 🗌		Well	
					☐ Feedyard		Fertilizer S	torage	e 🗌 Oil Well	/Gas Well		
	□ Other (Specify) Direction from well? ft.											
	FROM	TO		ITHOLOG		FROM			THO. LOG (cont.) or l	PLUGGIN	<b>JINTERVALS</b>	
	-	-										
								-				
						Notes:						
						Troles:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 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												
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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212											