

| 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 | JINTERVALS | |
| | - | - | | | | | | | | | | |
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| | | | | | | 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 | | | | | | | | | | | |