

| | WELL F | | | WWC-5 | | 6247 | | sion of Wate | | | | | | |
|--|---|--|--|--------------------|--------------|------------|------------------|--|--|---------------------------------------|------------------------|--------------------|--|--|
| Original Record Correction Change in Well Use | | | | | | | Resources App. N | | | | | | | |
| 1 LOCATION OF WATER WELL: Fraction County: 1/4 1/4 1/4 | | | | | | / 1/ | | | | | nge Number | | | |
| County | | | 1⁄4 | /4 ¹ /4 | | | | | | | | | | |
| | | | | | | | | treet or Rural Address where well is located (if unknown, distance and | | | | | | |
| | Address: | | | | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | | | | |
| 3 LOCAT | E WELL | | | | | | C. | | | | | | | |
| WITH " | X" IN | | DEPTH OF COMPLETED WELL: | | | | | | | | | | | |
| SECTIO | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | Longitude: | | | | | |
| ľ | N | 2) ft. 3) ft., or 4) 	Dry We WELL'S STATIC WATER LEVEL: ft. | | | | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | | | |
| | | □ below land surface, measured on (mo-day-yr). | | | | | | | | | |) | | |
| NWX- | NE | | \square above land surface, measured on (mo-day-yr) | | | | | | | | re/model:) enabled? | | | |
| | NE | | Pump test data: Well water was ft. | | | | | \Box Land Survey \Box Topographic Map | | | | | | |
| w | Е | after hours pumping | | | | | | | | | | | | |
| | | | Well water was ft. | | | | | | | | | | | |
| SW | SE | | after hours pumping gp | | | | | 6 Elevation:ft. Ground Level | | | | | | |
| | | stimated Yield:gpm | | | | | | | | | | | | |
| | S | Bore Hole | bre Hole Diameter: in. to | | | | | | | ☐ Land Survey ☐ GPS ☐ Topographic Map | | | | |
| | | | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | | |
| 1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | | | | | | | | | |
| \square House | | | 6. Dewatering: how many wells? 7. Aquifer Recharge: well ID | | | | | | 1. Test Hole: well ID | | | | | |
| | | | | | | | | | d 🔲 Uncased 🔲 Geotechnical mal: how many bores? | | | | | |
| | □ Livestock 8. □ Monitoring: well ID □ Irrigation 9. Environmental Remediation: well ID | | | | | | | | | Loop 🗌 Horizonta | | | | |
| | 2. Irrigation 9. Environmental Remediation: well ID 3. Feedlot Air Sparge Soil Vapor Ex | | | | | | | | | Loop Surface Dis | | | | |
| 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: | | | | | | | | | | | | | | |
| | | | | C D Other | | | ACIN | C IONTS | | Clued Clement | D Wald | d 🗆 Threadad | | |
| 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 in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | | | |
| | | nless Steel | Fiber | | D PVC | | | □ Oth | ner (S | (necify) | | | | |
| Steel Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole) | | | | | | | | | | | | | | |
| SCREEN C | SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | |
| Contin | nuous Slot | ☐ Mill Slot | \Box G | auze Wrapp | ed 🗌 T | orch Cut | 🗌 Dr | illed Holes | | Other (Specify) | | | | |
| Louve | red Shutter | 🗌 Key Punc | hed 🗌 W | /ire Wrapped | | | | one (Open H | | | | | | |
| SCREEN-H | PERFORAT | ED INTERV | ALS: Fron | n f | t. to | ft., F | rom | ft. to | o | ft., From | ft. te | o ft. | | |
| G | RAVEL PA | CK INTERV | ALS: From | n f | ft. to | ft., F | rom | ft. to | o | ft., From | ft. t | o ft. | | |
| | | | | | | | | | | | | | | |
| | | | | ft., From . | | . ft. to | | ft., From | | ft. to | ft. | | | |
| | | le contaminat | | _ | | | | | | | | | | |
| | | | Lateral Line | _ | Pit Privy | | | Livestock Pe | | | | | | |
| Sewer 1 | | | Cess Pool | | Sewage L | | | Fuel Storage | | Abando | | | | |
| | ight Sewer Li | nes 🗋 | Seepage Pit | | Feedyard | | | Fertilizer Sto | orage | 🗌 Oil Wel | I/Gas wei | l | | |
| | | | | | | | | | | ft. | | | | |
| 10 FROM | TO | | LITHOLO | | | FRO | | | | HO. LOG (cont.) or | PLUGGIN | JG INTERVALS | | |
| IV I KOM | 10 | | | | | | 111 | 10 | | | Leoon | IO II (I'LIC / ILD | | |
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| | | | | | | Note | s: | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | _ | | | | | | | | |
| 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 This Water Well Record was completed on (mo-day-year) | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| | | | | water, Geolog | y Section, 1 | 1000 SW Ja | ckson S | st., Suite 420, | Tope | ka, Kansas 66612-136 | | | | |
| V1sit us at h | <u>ttp://www.kdh</u> | eks.gov/waterwe | 11/1ndex.html | | | | | | | | K | SA 82a-1212 | | |