

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: <u>Lehigh</u>		Fraction <u>SE 1/4 NW 1/4 S 1/4 NW 1/4</u>	Section Number <u>11</u>	Township No. <u>T 32 S</u>	Range Number <u>R 20 E</u> <input checked="" type="checkbox"/> <u>W</u>
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>KS RAP</u> <u>56011 st + 24011 Rd</u> <u>Pittsburg KS</u>			Global Positioning System (GPS) information: Latitude: <u>37.276638</u> (in decimal degrees) Longitude: <u>-95.192399</u> (in decimal degrees) Elevation: Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin Etrex</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: <u>US Army Corps of Engineers</u> RR#, Street Address, Box #: <u>601 E 12 St Rm 463</u> City, State, ZIP Code: <u>Kansas City MO 64106</u>					

3 LOCATE WELL WITH AN "X" IN SECTION BOX:
N

W	NW	NE	E
	X		
	SW	SE	

S
1 mile

4 DEPTH OF COMPLETED WELL ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was ft. after hours pumping gpm
 EST. YIELD gpm. Well water was ft. after hours pumping gpm
 Bore Hole Diameter 4.2 in. to 6 ft., and 3 in. to 13 ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well
 Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☐ No
 If yes, mo/day/yr sample was submitted.....
 Water well disinfected? ☐ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other

CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing 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:

☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)

☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)

☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)

SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other

Grout intervals: From ft. to ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Insecticide storage	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Cesspool	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer storage	<input type="checkbox"/> Oil well/gas well	

Direction from well Distance from well

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☒ plugged under my jurisdiction and was completed on (mo/day/year) 9-26-15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597 This Water Well Record was completed on (mo/day/year) 9-27-15 under the business name of CASECO, D-117 by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at www.kdheks.gov

<http://www.kdheks.com/waterwell/index.html>