WATER	WELL F	RECORD		WWC-5		Div	ision of Wate	r		MW9	
		Correction		e in Well Use			ources App. N		Well II		
1 LOCATION OF WATER WELL: Fraction							ction Numbe				
	: Cowley			SW1/4 NW1/	SE 1/4		28	т 32		4 ■ E 🗆 W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
Business: Casevs #1822  Address: 219 W. 9th St.  direction from nearest town or intersection): If at owner's address, check here:											
Address:											
City:	Winfield		State: KS	ZIP: 67156	<u> </u>						
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:20 ft. 5 Latitude:37.23980										(1')	
WITH "X" IN Depth(s) Groundwater Encountered: 1)									00065	(decimal degrees)	
	SECTION BOX: 2) A 2) A or 4) $\square$ Dry Well							Longitude: 96.99965 (decimal degrees) Horizontal Datum: □ WGS 84 ■ NAD 83 □ NAD 27			
N	WELL'S STATIC WATER LEVEL: 15.08 ft.							Source for Latitude/Longitude:			
	■ below land surface, measured on (mo-day-yr)						. I п	GPS (unit make/model:)			
NW	above land surface, measured on (mo-day-yr)						.	(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.							■ Land Survey □ Topographic Map			
W	E after hours pumping							Online Mapper:			
sw	SWSE after hours pumping										
	onm				6 Elevation: 1126.94ft. ☐ Ground Level ■ TOC						
S Bore H			re Hole Diameter:8.5 in. to 20			ft. and	ınd <u>Source</u> : ■ Land Survey ☐ GPS ☐ Topographic M			Topographic Map	
mile  mile											
7 WELL WATER TO BE USED AS:											
1. Domestic:				iter Supply: wo				l Field Water Supply			
_	Household 6. Dewatering: how many wells?						11. Test Hole: well ID				
, —	☐ Lawn & Garden       7. ☐ Aquifer Recharge: well ID         ☐ Livestock       8. ☐ Monitoring: well ID							☐ Cased ☐ Uncased ☐ Geotechnical  I2. Geothermal: how many bores?			
2. Irrigation								a) Closed Loop  Horizontal  Vertical			
3. Fcedlot			Air Sparge			Extraction		pen Loop  Surface			
4. 🔲 Industri			Recovery					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											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)											
☐ 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 .10											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to 6 ft., From 6 ft. to ft. to ft.											
Nearest source of possible contamination:											
☐ Septic Tank     ☐ Lateral Lines     ☐ Pit Privy     ☐ Livestock Pens     ☐ Insecticide 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? East-Northeast Distance from well? 90											
10 FROM	TO		LITHOLOG	GIC LOG		FROM	TO	LITHO. LOG (cont	.) or PLUGGI	NG INTERVALS	
		Concrete									
		Silty Clay (C									
13	20	Silty Sand (S	SW), brow	<u>n</u>							
					·		ļ				
						N-A-	<u> </u>				
						Notes:		•			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my in	KAULUK'	nd was comp	leted on (n	o-dav-vear)	10/22/	1. This wate	this record i	s true to the best o	fmv.knowle	d, or prugged	
Kansas Wat	er Well Co	ntractor's Lic	ense No. 🤉	85	This Wa	iter Well Re	cord was cor	npleted on (mo da	y-year)//1.1/.	82078	
under the bu	isiness nam	e of Associa	ated Envir	onmental.In	Ç <b>.</b>	Si	ignature	JAN CHICK	Jours	<u> </u>	
Mail 1	white copy al	ong with a fee of	\$5.00 for eac	h constructed we	il to: Kar	sas Departmen	t of Health and	Environment, Bureau o	of Water, GWT	S Section,	
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.											
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											

