

WATER WELL		WWC-5 1317	DIV	ision of Water			
				ources App. No ction Number			
1 LOCATION OF WATER WELL: County:		Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			Township Number T S	Range Number R \square E \square W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and							
Business:	Last Manie.			tion from nearest town or intersection): If at owner's address, check here:			
Address:							
Address:							
City: State: ZIP: 3 LOCATE WELL 4 DEDTH OF COMPLETED WELL 6							
WITH "X" IN 4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude :(decimal degrees)			
SECTION BOX:	Depth(s) Groundwater		Longitude:(decimal degrees)				
N		3) ft., or 4)		Datum: 🗌 WGS 84 🛛 NAD 83 🗌 NAD 27			
	WELL'S STATIC WATER LEVEL:				or Latitude/Longitude:		
	\sim NW - \sim NE - \sim NE - \sim ME - \sim				PS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)		
NWNE	Pump test data: Well water was			Land Survey			
W X F	- C 1	after hours pumping gpr			□ Online Mapper:		
SW SE	Well	Well water was ft.			11		
3W 3E		after hours pumping gpn Estimated Yield:gpm			on: ft [Ground Level TOC	
	Bore Hole Diameter: .	ft and	6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map				
1 mile							
Image:							
1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease							
☐ Household	6. Dewatering: how many wells?			11. Test Hole: well ID			
🗌 Lawn & Garden		7. 🗌 Aquifer Recharge: well ID			Cased Uncased Geotechnical		
	8. 🗌 Monitorii		12. Geothermal: how many bores?				
2. Irrigation					a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water		
3. Eredlot Air Sparge Soil Vapor Extr 4. Industrial Recovery Injection				13. □ Other (specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:							
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:							
□ 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 ft. to ft., From ft., From ft. to ft.							
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From ft. to ft., From ft. to ft., From 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 Wetertight Sewage Lines Second 20 Bit Feedbaard Feedbaard Oil Well/Cas Well							
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)							
Direction from well?							
10 FROM TO	LITHOLO		FROM		ITHO. LOG (cont.) or PL	UGGING INTERVALS	
			-				
<u> </u>			Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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 nat	me of				0 for each compared in 1		
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.							
_	heks.gov/waterwell/index.html			,	. ,	KSA 82a-1212	