

WATER WELL		WWC-5 1191	DI	vision of Water			
Original Record Correction Chang LOCATION OF WATER WELL:				urces App. No.		Well ID Range Number	
County:		$\begin{array}{c c} \text{Fraction} & \text{Sect} \\ \hline 1/4 & 1/4 & 1/4 & 1/4 \end{array}$		cuon Number	on Number Township Number Range Number T S R \Box E \Box W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and							
Business:	aust France.	1 1150.		rom nearest town or intersection): If at owner's address, check here:			
Address:							
Address: City: State: ZIP:							
3 LOCATE WELL							
WITH "X" IN	4 DEPTH OF CON						
SECTION BOX:		Encountered: 1) 3) ft., or 4)			Longitude:		
Ν		$TER LEVEL: \dots$		Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:			
	 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 				GPS (unit make/model:)		
NW NE					(WAAS enabled? ☐ Yes ☐ No)		
	Pump test data: Well water was ft.			□ Land Survey □ Topographic Map			
W E		after hours pumping gpm Well water was ft.			Online Mapper:		
SW SE	after hours pumping						
	Estimated Yield:	01		6 Elevation:ft. Ground Level TOC			
S	Bore Hole Diameter:		Source: Land Survey GPS Topographic Map Other				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease							
☐ Household		ig: how many wells?					
Lawn & Garden	7. Aquifer Recharge: well ID			□ Cased □ Uncased □ Geotechnical			
Livestock	8. Monitoring: well ID			12. Geothe	12. Geothermal: how many bores?		
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop 🔲 Horizontal 🔲 Vertical		
3. Feedlot	\Box Air Sparg		Extraction		b) Open Loop Surface Discharge Inj. of Water		
4. Industrial Recovery Injection 13. Other (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 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. to ft., From ft. to 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							
☐ Septic Tank ☐ Sewer Lines		es 🗌 Pit Privy 🗌 Sewage Lag		Fuel Storage			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well							
\Box Other (Specify)							
10 FROM TO	LITHOLO	GIC LOG	FROM	TO I	LITHO. LOG (cont.) or PL	JUGGING INTERVALS	
			Notes:				
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)							
	e 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.							
_	eks.gov/waterwell/index.html		JU DIT JACKSOI	1 5t., 5uite 420, 1	opera, mansas 00012-1307.	KSA 82a-1212	