

| WATER WELL RECO | | WWC-5 | 122 | | | ion of Water | | W 11 ID | | | | |
|--|------------------------|---|----------|-------------|--|--|---|---------|------------|--|--|--|
| Original Record Correct | | e in Well Use | | | | rces App. No | | Well ID | NY 1 | | | |
| | | Fraction | ′ 1/ | , 1/ | Section | on Number | Township Numb | | ige Number | | | |
| County: | | 1/4 1/2 | 4 1/2 | | D | 1 A 11 | T S | R | □E □W | | | |
| 2 WELL OWNER: Last Name Business: | First: | | | | | where well is located (if unknown, distance and | | | | | | |
| | Address: | | | | | | ection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | ft 5 Latitudo: (decimal decuma) | | | | | | | |
| WITH 'A' III | | | | | 8, | | | | | | | |
| SECTION BOA: (2) ft (3) ft or (4) | | | | | | | | | | | | |
| WELL'S STATIC WATER LEVEL: | | | | | | | | | | | | |
| □ below land surface, measured on (mo-day- | | | | | GPS (unit make/model:) | | | | | | | |
| NW NE | measured on (| measured on (mo-day-yr) tter was ft. | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | | | | |
| | | | | | | | | | | | | |
| W E | E after hours put | | | oumping gpm | | | Online Mapper: | | | | | |
| SW SE | Well water was ft. | | | | | | | | | | | |
| after hours pumping | | | | gpm | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | | | |
| S Bore Hole Diameter:in. to | | | | ft and | | | | | | | | |
| 1 mile | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | |
| ☐ Household | | | | | | | | | | | | |
| ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well | | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | | |
| Livestock | 8. Monitoring: well ID | | | | | | | | | | | |
| 2. Irrigation | | | | | | | | | | | | |
| 3. Feedlot Air Sparge Soil Vapor Ex | | | | Extraction | | b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| 4. ☐ Industrial | Recovery | ☐ Inje | ection | | | 13. ∐ Oth | er (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 diameter in. to ft., Diameter ft., Diameter ft. | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| Nearest source of possible contain | | , | | | | , | | | | | | |
| ☐ 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) | | | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | e from w | FROM | | | π .ITHO. LOG (cont.) ο | | CINTEDVALC | | | |
| 10 FROM 10 | LITHOLOG | JIC LUG | | FROI | VI | 10 1 | TITO. LOG (cont.) o | PLUGGIN | JINIERVALS | | | |
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| 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) | | | | | | | | | | | | |
| Kansas Water Well Contractor | 's License No | | This Wa | ater Well | Reco | rd was com | oleted on (mo-day-y | ear) | | | | |
| under the business name of | \$\$7.4 (DDD \$5.5) | TELL OWNER | | £. | | 1- T C#7.0 | O. f 1 | -11 | | | | |
| 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. | | | | | | | | | | | | |

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html