

W	_		RECORD		WWC-5 1320	L	ivision of V			W-II ID		
1					e in Well Use Fraction	-	ources App. No ction Number   Township Numl			Well ID Range Number		
T	1 LOCATION OF WATER WELL: County:						T S R $\square$ E $\square$ W					
2	WELL	OWNER: 1	ast Name:		First:	Street or Rural Address where well is located (if unknow			(if unknown,	distance and		
	Business: Address:					direction from nearest town or intersection): If at owner's address, check here:						
	Address:											
	City:			State:	ZIP:							
3	LOCAT		4 DEPTH	OF COM	IPLETED WELL: .	ft. 5 La	5 Latitude:(decimal degrees)					
	WITH " SECTIO			Encountered: 1)		-	Longitude:(decimal degrees)					
	N 2) ft. 3) ft., or 4) $\Box$						D	Datum: WGS 84 NAD 83 NAD 27				
ſ			WELL'S STATIC WATER LEVEL:						r Latitude/Longitude:		、 、	
	NW	NE	above land surface, measured on (mo-day-yr)					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)				
	X I	NE	Pump test data: Well water was ft.					□ Land Survey □ Topographic Map				
w		E	after	after hours pumping gpm					Online Mapper:			
	SW	SE	Well water was ft. after hours pumping gpm									
			Estimated Yield:gpm				6 E	6 Elevation:ft.  Ground Level  TOC				
		S		Bore Hole Diameter: in. to ft. and				Source:  Land Survey GPS Topographic Map				
	1 n			in. to fi				□ Other				
	7 WELL WATER TO BE USED AS:											
	Domestic:			5. Dewatering: how many wells?								
					echarge: well ID			$\Box$ Cased $\Box$ Uncased $\Box$ Geotechnical				
	Livesto			•	g: well ID			nal: how many bores				
	🗌 Irrigati			al Remediation: well II	: well ID			a) Closed Loop 🔲 Horizontal 🗌 Vertical				
	☐ Feedlo			Air Sparge	-		b) Open Loop  Surface Discharge  Inj. of Water					
	4. Industrial Recovery Injection 13. Other (specify):											
	Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter ft., 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)											
sc	□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:											
50	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)											
	Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)											
SC	SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. o ft. o ft. o ft. o ft. o ft. to ft. o ft. to ft. o ft												
					Cement grout 🛛 🗋 Be							
			le contaminatio			11. 10	11., 11	0111		11.		
	Septic 7	-		ateral Line			Livestoc		Insectici	ide Storage		
	Sewer I			Cess Pool			Fuel Sto				Well	
l T	☐ Waterti	ght Sewer Li Specify)	nes 🗆 S	eepage Pit	☐ Feedyard		Fertilize	Storage	e 🗌 Oil Wel	I/Gas Well		
					Distance from w				ft.			
10	FROM	TO	L	ITHOLOG	GIC LOG	FROM	ТО	LI	THO. LOG (cont.) or	PLUGGIN	G 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)												
Kansas Water Well Contractor's License No												
un	der the b	usiness nam	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.												
	KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone /85-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212											