

| | WELL R | | WWC-5 1350 | D | ivision of Wate | | | |
|--|---|-------------------------|---|--------|---|--|---|--|
| Original Record Correction Changer I LOCATION OF WATER WELL: | | | | | esources App. Nection Numbe | | | |
| County: | | | | | | | $\begin{array}{c c} R & \square E \square W \\ \end{array}$ | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: | | | | | direction from nearest town or intersection): If at owner's address, check here: | | | |
| Address: Address: | | | | | | | | |
| City: State: ZIP: | | | | | | | | |
| 3 LOCAT | E WELL | | | | 0 - | | | |
| | 4 DEPTH OF COMPLETED WELL WITH "X" IN SECTION BOX. Depth(s) Groundwater Encountered: 1) | | | | | | | |
| | SECTION BOX: N $2) \dots \dots ft. 3) \dots ft., or 4) \square$ | | | | | tude: ı: □ WGS 84 □ NA | | |
| Г | N | | WELL'S STATIC WATER LEVEL: | | | Source for Latitude/Longitude: ☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) | | |
| | | below land surface | | ··· G | | | | |
| NW | NE | | D above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. | | | | | |
| | | after hour | | | Land Survey Topographic Map | | | |
| E SW SE X S | | | vater was f | | | niine Mapper: | e Mapper: | |
| | | after hours pumping gpn | | | | | | |
| | | Estimated Yield: | | | 6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map | | | |
| | | Bore Hole Diameter: | | Other | | | | |
| Image: | | | | | | | | |
| 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease | | | | | | | | |
| ☐ Housel | hold | 6. 🗌 Dewaterin | | | 11. Test Hole: well ID | | | |
| 🗌 Lawn d | | | echarge: well ID | | | Cased Uncased Geotechnical | | |
| | Livestock 8. Monitoring: well | | | | | 2. Geothermal: how many bores? | | |
| 2. Irrigation9. Environmenta3. FeedlotAir Sparge | | | al Remediation: well ID | | | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | |
| 4. Industr | | | □ Recovery □ Injection | | | 13. Other (specify): | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? \Box Yes \Box No | | | | | | | | |
| 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 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. to ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| 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? | | | | | | | | |
| 10 FROM | TO | LITHOLO | | FROM | | | r PLUGGING INTERVALS | |
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| | | | | Notes: | | | | |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a 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 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. | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | |