

| WATER WELL R | | WWC-5 1253 | D | vision of Water | | | | |
|--|---|--|--|-----------------|--|--|--|--|
| | | | | sources App. N | | Well ID | | |
| 1 LOCATION OF WATER WELL: County: | | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | ection Number | Township Numbe | $\begin{array}{c c} r & Range Number \\ R & \square E \square W \end{array}$ | | |
| 2 WELL OWNER: Last Name: 74 | | | | | | | | |
| Business: | Filst. | | om nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | |
| Address: | | | | | | | | |
| City: State: ZIP: | | | | | | | | |
| WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | |
| SECTION BOX: | | Encountered: 1) | | | Longitude:(decimal degrees) | | | |
| Ν | 2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL: | | | | Datum: 🗌 WGS 84 🔄 NAD 83 📄 NAD 27 | | | |
| | □ below land surface, measured on (mo-day-yr) | | | | Source for Latitude/Longitude: | | | |
| NW NE | | | | | (WAAS enabled? Yes No) | | | |
| | Pump test data: Well water was ft. | | | | □ Land Survey □ Topographic Map | | | |
| W E | after hours pumping | | | | Online Mapper: | | | |
| SW SE | Well water was ft. | | | | | | | |
| | after hours pumping gpm Estimated Yield:gpm | | | 6 Elevat | 6 Elevation:ft. Ground Level TOC | | | |
| | Bore Hole Diameter: in. to f | | | | Source: Land Survey GPS Topographic Map | | | |
| 1 mile | in. to fi | | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | |
| Household | - 0 , | | | | | | | |
| Lawn & Garden | 7. Aquifer Recharge: well ID | | | | Cased Uncased Geotechnical | | | |
| ☐ Livestock 2. ☐ Irrigation | 8. D Monitoring: well ID 9. Environmental Remediation: well ID | | | | 12. Geothermal: how many bores?a) Closed Loop □ Horizontal □ Vertical | | | |
| 3. Feedlot | Air Sparge ☐ Soil Vapor Extra | | | | b) Open Loop \Box Surface Discharge \Box Inj. of Water | | | |
| 4. Industrial Injection I3. Other (specify): | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? \square Yes \square 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 Steinless 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., 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 | | | | | | | | |
| Nearest source of possible contamination: Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | | |
| Sepire Tank Eactar Enes Intervery Envision rens Insected de 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? Distance from well? ft. 10 FROM TO LITHOLOGIC LOG FROM TO LITHOL OG (cont.) or PLUGGING INTERVALS | | | | | | | | |
| 10 FROM TO | LITHOLO | GICLOG | FROM | ТО | LITHO. LOG (cont.) or I | PLUGGING INTERVALS | | |
| | | | | | | | | |
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| | | | 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 Con | tractor's License No. | | ter Well Re | cord was com | pleted on (mo-dav-ve | ar) | | |
| under the business name | e of | | | | | | | |
| 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | |