

| WATER WELL R | | WWC-5 1227 | DI | vision of Water | | | |
|---|--|---|--|--|---|-------------------|--|
| Original Record Correction Change I LOCATION OF WATER WELL: | | | | ction Number | rces App. No. Well ID on Number Township Number Ra | | |
| County: | | | 1 0 | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | |
| Business: | | | | ction from 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 CO | | | 5 Latitude:(decimal degrees) | | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) 2) | | | Longitude:(decimal degrees) | | |
| N | | ATER LEVEL: \dots | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | |
| | | e, measured on (mo-day- | | | GPS (unit make/model:) | | |
| NW NE | | above land surface, measured on (mo-day-yr). | | | $(WAAS enabled? \square Yes \square No)$ | | |
| | Pump test data: Well water was ft. | | | | Land Survey Topographic Map | | |
| W E | | after hours pumping gpm | | | Online Mapper: | | |
| SW SE | Well water was ft. after hours pumping gpm | | | | | | |
| | | Estimated Yield:gpm | | | 6 Elevation:ft. Ground Level TOC | | |
| S | Bore Hole Diameter: | ft. and | Source | Source: Land Survey GPS Topographic Map | | | |
| 1 mile | in. to ft. | | | | □ Other | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | 5. Dewatering: how many wells? | | | | 10. Oil Field Water Supply: lease | | |
| ☐ Household ☐ Lawn & Garden | | | 11. Test Hole: well ID | | | | |
| Livestock | 7. □ Aquifer 8. □ Monitor | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | |
| 2. Irrigation | 9. Environme | | | a) Closed Loop \square Horizontal \square Vertical | | | |
| 3. Feedlot | Air Spar | 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 in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | |
| Casing height above land surface | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass Fiberglass Other (Specify) | | | | | | | |
| 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. to ft., From ft. to ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From 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. o ft. to ft. | | | | | | | |
| Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | |
| Sever Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well | | | | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | |
| Direction from well? ft. | | | | | | | |
| | LITHOLO | | FROM | | ft. LITHO. LOG (cont.) or PI | LICCINC INTEDVALS | |
| 10 FROM TO | | JGIC LUG | FKOM | 10 | LITHO. LOG (cont.) of PI | LUGGING INTERVALS | |
| | | | | | | | |
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| | | | 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 | | | | | | | |
| 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 | | | | | | | |