

| | WELL R | | WWC-5 1095 | DI | vision of Wate | | | |
|---|---|---|--|---|---|---|-----------------------------|--|
| Original Record Correction Change I LOCATION OF WATER WELL: | | | | | | on Number Township Number Range Number | | |
| County: | | | | $\frac{1}{4}$ T S | | $\begin{array}{c c} R & \square E \square W \\ \end{array}$ | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: | | | | | ection from nearest town or intersection): If at owner's address, check here: | | | |
| Address: | | | | | | | | |
| Address: City: | | State: | ZIP: | | | | | |
| 3 LOCAT | E WELL | | | | _ | | | |
| WITH "X" IN 4 DEPTH OF COM | | | IPLETED WELL: ft. | | | 5 Latitude:(decimal degrees) | | |
| | SECTION BOX: N Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) | | | | | | (decimal degrees) | |
| I I | N | | TER LEVEL: \dots | | | | | |
| | | below land surface | | | GPS (unit make/model:) | | | |
| NW | NE | □ above land surface | | | | | | |
| | | Pump test data: Well water was ft. after hours pumping gpm | | | | Land Survey Topographic Map | | |
| W | E | | | | Online Mapper: | | | |
| SW | SE | Well water was ft. after hours pumping gpm | | | | | | |
| | | Estimated Yield: | 5P''' | 6 Elevation:ft. Ground Level TOC | | | | |
| | S | Bore Hole Diameter: | . ft. and | $\frac{\text{Source:}}{\text{Source:}} \square \text{ Land Survey} \square \text{GPS} \square \text{Topographic Map}$ | | | | |
| 1 r | | in. to ft. | | | □ Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | | ater Supply: well ID | | | 10. □ Oil Field Water Supply: lease 11. Test Hole: well ID | | |
| Lawn d | | | 6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID | | | | | |
| | Livestock 2. Monitoring: well ID | | | | | | | |
| 2. 🗌 Irrigati | | | | | | | | |
| 3. 🗌 Feedlot 🗌 Air Sparge | | | | Extraction | | b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water | | |
| 4. 🗌 Industr | | | | | | | | |
| 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 ft. | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | |
| $\Box \text{ Steel} \Box \text{ Stainless Steel} \Box \text{ Fiberglass} \Box \text{PVC} \Box \text{ Other (Specify)} \dots$ | | | | | | | | |
| 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. or ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest sou | rce of possibl | e contamination: | | | , | | | |
| Septic | | Lateral Line | | | Livestock Per | | cide Storage | |
| Sewer] | | Cess Pool | Sewage Lag | goon | Fuel Storage | | oned Water Well | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | |
| Direction from well? ft. | | | | | | | | |
| 10 FROM | TO | LITHOLO | | FROM | | | r PLUGGING INTERVALS | |
| | | | | | | | | |
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| | | | | Notes: | I | | | |
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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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) | | | | | | | | |
| under the business name of | | | | | | | | |
| | | Send one copy to WATER W | /ELL OWNER and retain o | one for your rec | ords. Fee of \$5. | 00 for each constructed we | ell. | |
| - | | | | 00 SW Jacksor | n St., Suite 420, ' | Fopeka, Kansas 66612-136 | 57. Telephone 785-296-3565. | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | |