

| | WELL R | | WWC-5 1310 | DI | vision of Wate | | | | |
|---|--|---|-------------------------|--|--|---|-------------------------|--|--|
| Original Record Correction Change I LOCATION OF WATER WELL: | | | | | | inces App. No. Well ID Well ID ID In Number Township Number Range Number | | | |
| County: | | | | Section Number Township Number ¼ T S | | $\begin{array}{c} \text{R} \\ \text{R} \\ \text{E} \\ \text{W} \end{array}$ | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | |
| | | | | | rection 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 COMPLETE | | | | | | 5 Latitude:(decimal degrees) | | | |
| | SECTION BOX: N Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL: | | | | | | (decimal degrees) | | |
| N | | | | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | |
| | | below land surface | | | GPS (unit make/model:) | | | | |
| NW | NE | above land surface | | | $(WAAS enabled? \square Yes \square No)$ | | | | |
| | | Pump test data: Well water was ft. | | | 🗆 La | □ Land Survey □ Topographic Map | | | |
| W | E | | after hours pumping gpm | | | nline Mapper: | | | |
| SW | % E | Well water was ft. after hours pumping gpm | | | | | | | |
| | | Estimated Yield:gpm | | | 6 Eleva | tion: fi | t. 🔲 Ground Level 🔲 TOC | | |
| | s | Bore Hole Diameter: | ft. and | Source: Land Survey GPS Topographic Map | | | | | |
| 1 r | | | in. to ft. | | | □ Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| | 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | |
| | | | ig: how many wells? | | | 11. Test Hole: well ID | | | |
| | Lawn & Garden7. 	Aquifer Recharge: well IDLivestock8. 	Monitoring: well ID | | | | | | | | |
| 2. Irrigati | | | | | | | | | |
| 3. Feedlot 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? 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., 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 ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| Nearest source of possible contamination: Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | | | |
| Sewer 1 | | Cess Pool | Sewage Lag | | Fuel Storage | | oned 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 LITHO. LOG (cont.) or PLUGGING INTERVALS | | | | | | | | | |
| 10 FROM | TO | LITHOLO | GIC LOG | FROM | ТО | LITHO. LOG (cont.) o | 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 | | | | | | | | | |
| | usiness 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. | | | | | | | | | |
| - | | | | UU S W Jackson | 1 St., Suite 420, | 10река, Kansas 66612-13 | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | |