

| WATER WELL  |   | WWC-5 1364                                    | DI                                     | vision of Water  |  |  |  |
|---|---|---|--|--|--|--|--|
| Original Record Correction Chang     I LOCATION OF WATER WELL:  |   |   |  | ources App. No<br>ction Number   |  | Well ID<br>Range Number  |  |
| County:   |   |   |  |  | T S  | $\begin{array}{c} \text{Range Number} \\ \text{R}  \Box \text{ E}  \Box \text{ W} \end{array}$ |  |
| 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:<br>City: State: ZIP:   |   |   |  |  |  |  |  |
| 3 LOCATE WELL   |   |   |  |  |  |  |  |
| WITH "X" IN   | 4 DEPTH OF COMPLETED WELL:<br>Depth(s) Groundwater Encountered: 1)                              |   |  |  |  |  |  |
| SECTION BOX:  | 2) ft.  |   | Longi                                  | Longitude:   |  |  |  |
| Ν   | WELL'S STATIC WA  |   |  | Source for Latitude/Longitude:   |  |  |  |
|   |   | , measured on (mo-day-                        |  |  | PS (unit make/model:   | )  |  |
| NW NE   | above land surface, measured on (mo-day   |   |  | ······ (WAAS enabled? ☐ Yes ☐ No)  |  |  |  |
|   | Pump test data: Well w  |   | Land Survey Topographic Map            |  |  |  |  |
| W E   |   | after hours pumping gpm<br>Well water was ft. |  |  | Online Mapper:   |  |  |
| SWSE  | after hours pumping   |   |  |  |  |  |  |
|   |   | Estimated Yield:gpm                           |  |  | 6 Elevation:ft. 	Ground Level 	TOC                           |  |  |
| S   | Bore Hole Diameter:   | Bore Hole Diameter: in. to f                  |  |  | Source: $\Box$ Land Survey $\Box$ GPS $\Box$ Topographic Map |  |  |
| 1 mile  | in. to ft.  |   |  |  |  |  |  |
| 7 WELL WATER TO BE USED AS:   |   |   |  |  |  |  |  |
| 1. Domestic:  | 5. 	Public Water Supply: well ID<br>6. Dewatering: how many wells?                              |   |  |  |  |  |  |
| Lawn & Garden   |   |   | Cased Uncased Geotechnical             |  |  |  |  |
| Livestock   | 7. 🗌 Aquifer Recharge: well ID<br>8. 🗌 Monitoring: well ID                                      |   |  |  | 12. Geothermal: how many bores?                              |  |  |
| 2. Irrigation   | 9. Environment  | )   | a) Closed Loop 🔲 Horizontal 🗌 Vertical |  |  |  |  |
| 3. 🗌 Feedlot  | Air Sparge Soil Vapor Extrac  |   |  |  | 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? Ves 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.<br>Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No   |   |   |  |  |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |   |   |  |  |  |  |  |
| □ 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)<br>SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. to ft. to ft.   |   |   |  |  |  |  |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From 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.  |   |   |  |  |  |  |  |
| Nearest source of possib  |   |   | _                                      |  |  | G.   |  |
| □ 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? ft.  |   |   |  |  |  |  |  |
| 10 FROM TO  | LITHOLO   | GIC LOG                                       | FROM                                   | TO   | LITHO. LOG (cont.) or PI                                     | LUGGING INTERVALS  |  |
|   |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   | 1                                      |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   | 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 Co  | 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 WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.<br>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   |   |   |  |  |  |  |  |