

| WATER WELL   |   | WWC-5 1218  | DIV  | ision of Water  |  |   |  |
|--|---|---|--|---|--|---|--|
| Original Record Correction Change     I LOCATION OF WATER WELL:  |   |   |  |   | rces App. No. Well ID On Number Township Number Range Number |   |  |
| County:  |   |   | Section Number                             |   | T S  | $\begin{array}{c} R \\ R \\ \Box E \\ \Box W \end{array}$ |  |
| 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:<br>City:  | State:  | ZIP:  |  |   |  |   |  |
| 3 LOCATE WELL  |   |   |  | _   |  |   |  |
| WITH "X" IN  | 4 DEPTH OF COM  |   |  |   |  |   |  |
| SECTION BOX:   |   | Depth(s) Groundwater Encountered: 1)           2) |  |   | Longitude:   |   |  |
| Ν  | WELL'S STATIC WA  |   |  | for Latitude/Longitude:   | 83 🗋 NAD 27  |   |  |
|  | below land surface  |   |  |   | )  |   |  |
| NW NE  | □ above land surface  |   |  | (WAAS enabled?  Yes No)   |  |   |  |
|  | - C 1   | Pump test data: Well water was ft.                |  |   | □ Land Survey □ Topographic Map                              |   |  |
| WEE  |   | after hours pumping gpm<br>Well water was ft.     |  |   | Online Mapper:   |   |  |
| SW SE  | after hour  |   |  |   |  |   |  |
|  |   | Estimated Yield:                                  |  |   | 6 Elevation:ft. Ground Level TOC                             |   |  |
| S  | Bore Hole Diameter:   | ft. and   | Source:  Land Survey  GPS  Topographic Map |   |  |   |  |
| 1 mile   | in. to ft.  |   |  |   |  |   |  |
| 7 WELL WATER TO BE USED AS:  |   |   |  |   |  |   |  |
| 1. Domestic:   | 5.        Public Water Supply: well ID         Id       6.        Dewatering: how many wells? |   |  |   |  |   |  |
| ☐ Household<br>☐ Lawn & Garden   | 6. □ Dewaterif<br>7. □ Aquifer R  |   |  |   |  |   |  |
|  | 8. 🗌 Monitorir  |   | 12. Geothermal: how many bores?            |   |  |   |  |
| 2. Irrigation  | 9. Environment  |   | a) Closed Loop 🔲 Horizontal 🗌 Vertical     |   |  |   |  |
| 3. 🗌 Feedlot   | 🗌 Air Sparge 🛛 Soil Vapor Extr  |   |  | 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:  |   |   |  |   |  |   |  |
| $\Box \text{ Steel} \Box \text{ Stainless Steel} \Box \text{ Fiberglass} \Box \text{PVC} \Box \text{ Other (Specify)} \dots$   |   |   |  |   |  |   |  |
| □ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)   |   |   |  |   |  |   |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |   |   |  |   |  |   |  |
| Continuous Slot I 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. ft. to ft. to ft.  |   |   |  |   |  |   |  |
| Nearest source of possible contamination:  |   |   |  |   |  |   |  |
| □ 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 H                                      | PLUGGING INTERVALS  |  |
|  |   |   |  |   |  |   |  |
|  |   |   |  |   |  |   |  |
|  |   |   |  |   |  |   |  |
|  |   |   |  |   |  |   |  |
|  |   |   |  |   |  |   |  |
|  | 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 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 constructed 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  |   |   |  |   |  |   |  |