

| M | _ | | RECORD | - | WWC-5 1218 | DI | vision of Wa | | | | | | | |
|---|--|----------------------|---------------------------------|---|--|--|------------------|--|--|---------------|------------|--|--|--|
| 1 | | | Correction | e in Well Use Fraction | Resources App. No. Section Number | | | Well ID Township Number Range Number | | | | | | |
| T | LOCATION OF WATER WELL: County: | | | | 1/4 1/4 1/4 | | | | $\begin{array}{c c} T & S \\ T & S \\ \end{array} \begin{array}{c} R & \Box E \\ \Box W \end{array}$ | | | | | |
| 2 | | OWNER: I | ast Name: | | | Street or Rural Address where well is located (if unknown, | | | | | | | | |
| - | Business: | 0 11 1210 | | | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| | Address: | | | | | | | | | | | | | |
| | Address: City: | | | State: | ZIP: | | | | | | | | | |
| 3 | LOCAT | E WELL | | | | | | | | | | | | |
| | WITH " | | | | | CLETED WELL: ft. scountered: 1) ft. | | | 5 Latitude:(decimal degrees) | | | | | |
| | SECTIO | | | | Encountered: 1) | | | Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27 | | | | | | |
| | Ν | 1 | WELL'S ST | | | | | Latitude/Longitude: | | AD 27 | | | | |
| | | | below la | below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | | | | |
| | NW | NE | | above land surface, measured on (mo-day-yr) | | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | |
| | | | ~ | Pump test data: Well water was ft. | | | | | | | | | | |
| W | | X E | alter | after hours pumping gpm Well water was ft. | | | | | | | | | | |
| | SW | SE | after | s pumping | | | | | | | | | | |
| | | | | Estimated Yield:gpm | | | | 6 Elevation:ft. Ground Level TOC | | | | | | |
| | | | | | in. to | | iti ulla | | <u>e</u> : □ Land Survey □ GPS □ Topographic Map □ Other | | | | | |
| | 1 n | | | | in. to | | | | | | | | | |
| | 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease | | | | | | | | | | | | | |
| | ☐ Household | | | | | | | | | | | | | |
| | 🗌 Lawn d | | | echarge: well ID | | | | Uncased G | | | | | | |
| | Livesto | | | g: well ID | | 12. Geo | therm | al: how many bores? | ? | | | | | |
| | Irrigation 9. Environmental Remediation: well ID | | | | | | | a) Closed Loop _ Horizontal _ Vertical | | | | | | |
| | ☐ Feedlo | | | Air Sparge | | | | Dpen Loop Surface Discharge Inj. of Water | | | | | | |
| | 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted: | | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | | | |
| Casing diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | |
| 30 | CREEN OR PERFORATION OPENINGS ARE: □ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) | | | | | | | | | | | | | |
| | \Box Louvered Shutter \Box Key Punched \Box Wire Wrapped \Box Saw Cut \Box None (Open Hole) | | | | | | | | | | | | | |
| SC | SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | | | |
| | | | ft. to le contaminati | | ft., From | ft. to | ft., From | 1 | ft. to | ft. | | | | |
| | Septic ' | - | | Lateral Line | es 🗌 Pit Privy | Г | Livestock P | ens | Insectici | ide Storage | | | | |
| | Sewer 1 | | | Cess Pool | Sewage Lag | | Fuel Storag | | Abandor | | Well | | | |
| | | | | | Feedyard | | Fertilizer St | torage | 🗌 Oil Well | l/Gas Well | | | | |
| | | | | | Distance from we | | | | £ | | | | | |
| | FROM | TO | | ITHOLO | | FROM | | | HO. LOG (cont.) or 1 | PLUGGIN | GINTERVALS | | | |
| 10 | inom | 10 | - | 11110200 | | i Rom | 10 | | | | SHUERUES | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | L | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | 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 | | | | | | | | | | | | | | |
| un | | usmess nam | Send one conv to | WATER W | ELL OWNER and retain of | one for your rea | cords. Fee of \$ | 65.00 f | or each constructed well | <u></u> 1. | | | | |
| 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 <u>h</u> | <u>ttp://www.kdh</u> | eks.gov/waterwel | Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |