

WATER WELL R		WWC-5 1191 ge in Well Use	DI	vision of Wate ources App. N		Well ID	
Original Record Correction Change 1 LOCATION OF WATER WELL:				ction Number	11		
County:		1/4 1/4 1/4			T S	$R \square E \square W$	
2 WELL OWNER: L Business:	First:	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:					
Address:							
Address: City:	State:	ZIP:					
3 LOCATE WELL			0		•		
4 DEPTH OF COMPLETED WELL: WITH "X" IN SECTION BOX. Depth(s) Groundwater Encountered: 1)							
SECTION BOX: N	SECTION BOX: 2) ft. 3) ft., or 4) \Box			Datum	Datum: WGS 84 NAD 83 NAD 27		
		TER LEVEL: ft. e, measured on (mo-day-yr)		Source	Source for Latitude/Longitude:		
NW NE		above land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr)			\square GPS (unit make/model:) (WAAS enabled? \square Yes \square No)		
	Pump test data: Well v	water was ft. rs pumping gpm water was ft.			□ Land Survey □ Topographic Map □ Online Mapper:		
SW SE		pumping gpm					
Estimated Yield:		gpm in. to ft. and			6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map		
S				Other			
7 WELL WATER TO BE USED AS:							
1. Domestic: 5. □ Public Water Supply: well ID				10. Oil Field Water Supply: lease			
□ Household 6. □ Dewatering: how many wells? □ Lawn & Garden 7. □ Aquifer Recharge: well ID				11. Test Hole: well ID □ Cased □ Uncased □ Geotechnical			
Livestock	8. Monitoring: well ID			12. Geoth	12. Geothermal: how many bores?		
2. Irrigation 9. Environmental Remediation: well ID. 3. Feedlot Interpretation Air Sparge Soil Vapor Ex				a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water			
4. Industrial	□ Injection	Extraction	13. Other (specify):				
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 in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
Steel Steinless 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. to ft. to ft.							
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. to ft. to ft.							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
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 PL	UGGING INTERVALS	
			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 Contractor's License No							
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.							
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212							