

	WELL R		WWC-5 1365	D	ivision of Water			
Original Record Correction Change I LOCATION OF WATER WELL:					sources App. No			
County:				Section Number		T T S	$R \square E \square W$	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business: di					rection from nearest town or intersection): If at owner's address, check here:			
Address: Address:								
City:		State:	ZIP:					
3 LOCAT	E WELL					_		
WITH "	WITH "X" IN 4 DEPTH OF COMPLETED WE					5 Latitude:(decimal degrees)		
	SECTION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box							
N			WELL'S STATIC WATER LEVEL:			Source for Latitude/Longitude:		
		below land surface		GF	GPS (unit make/model:)			
NW	NE		D above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.			(WAAS enabled? Yes No)		
		after hour			□ Land Survey □ Topographic Map □ Online Mapper:			
W X E			water was f			lline Mapper:	me Mapper.	
SW	SE	after hours pumping gpm				•		
S		Estimated Yield:			6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map			
		Bore Hole Diameter:		$\underline{\text{Source:}} \square \text{ Land Survey} \square \text{ GPS} \square \text{ ropographic Map}$ $\square \text{ Other}$				
Image:								
1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease								
☐ Housel	nold		6. Dewatering: how many wells?					
🗌 Lawn &			echarge: well ID			Cased Uncased Geotechnical		
	Livestock 8. Monitoring: well ID							
2. 			l Remediation: well ID ☐ Soil Vapor Extraction			a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water		
4. Industr			□ 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								
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass Fiberglass PVC Other (Specify)								
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. to ft.								
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft. to ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Nearest source of possible contamination:								
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage								
Sewer I		Cess Pool		goon [Fuel Storage		oned Water Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)								
Direction from well?								
10 FROM	ТО	LITHOLO		FROM			PLUGGING 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 constructed 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								