

| WATER WELL R | | WWC-5 1150 | DIV | vision of Water | | W-11 ID | |
|--|--|---|--|--|---|-------------------|--|
| Original Record Correction Chang LOCATION OF WATER WELL: | | | | ction Number | rces App. No. Well ID on Number Township Number Rar | | |
| County: 1/4 1/4 | | | | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | , | |
| Address: | | | | | | | |
| Address: City: | State: | | | | | | |
| 3 LOCATE WELL | | | | | | | |
| WITH "X" IN | 4 DEPTH OF COM | | | | | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) 2) | | | Longitude:(decimal degrees) | | |
| N | | $TER LEVEL: \dots$ | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | |
| | | e, measured on (mo-day- | | | GPS (unit make/model:) | | |
| NW NE X | | above land surface, measured on (mo-day-yr). | | | $(WAAS enabled? \square Yes \square No)$ | | |
| | Pump test data: Well water was ft. | | | | Land Survey Topographic Map | | |
| W E | | s pumping | | 🗌 Or | Online Mapper: | | |
| SW SE | Well water was ft. after hours pumping gpm | | | | | | |
| | Estimated Yield: | gpm | 6 Elevat | 6 Elevation:ft. Ground Level TOC | | | |
| S | Bore Hole Diameter: . | . ft. and | Source | Source: Land Survey GPS Topographic Map | | | |
| 1 mile | in. to ft. | | | □ Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | 10. Oil Field Water Supply: lease | | | |
| ☐ Household ☐ Lawn & Garden | 6. □ Dewaterin 7. □ Aquifer F | | 11. Test Hole: well ID □ Cased □ Uncased □ Geotechnical | | | | |
| Livestock | 8. 🗌 Monitorii | | 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | 9. Environmen | | | a) Closed Loop 🗌 Horizontal 🗋 Vertical | | | |
| 3. Feedlot | Air Sparg | Extraction | 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? 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 | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass Fiberglass Other (Specify) | | | | | | | |
| 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) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to 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. to ft. or ft. to ft. ft. from ft. ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft. | | | | | | | |
| Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | |
| Sever Lines Cess Pool Sevage Lagoon Fuel Storage Abandoned Water Well | | | | | | | |
| Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well | | | | | | | |
| Direction from well? ft. | | | | | | | |
| | LITHOLO | | FROM | | | LUGGING INTERVALS | |
| 10 FROM TO | LIIHOLO | GICLUG | FROM | 10 | LITHO. LOG (colit.) of P | LUGGING 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 This Water Well Record was completed on (mo-day-year) | | | | | | | |
| under the business name | e of | | | | | | |
| 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 | | | | | | | |