		orm www-5		Division of			V II ID	1		
		Change in Well Use		Resources A			Well ID	37.1		
County: Ric	OF WATER WELL:	Fraction '4 NW '4 SE	E 1/4 NE 1/4	Section No.	umber	Township Number T 21 S		ge Number □ E ■ W		
2 WELL OW	NER: Last Name: Kopfma	n First: Kyle	Street o	eet or Rural Address where well is located (if unknown, distance and						
Business:		from nearest to	n nearest town or intersection): If at owner's address, check here:							
Address: 9 S Pioneer										
Address:	City: Alden State: KS ZIP: 67512									
3 LOCATE WE	TT									
WITH "X" IN	L : 48	ft. 5 Latitude:(decimal degrees)								
SECTION ROY: Depth(s) Groundwater Encountered: 1)					Longitude:(decimal degrees)					
2) tt. 3) tt., or 4) 📙				Well Horizontal Datum: □ WGS 84 □ NAD 83 □ NAD 27						
WELL'S STATIC WATER LEVEL:1.2.				2/24/4C						
below land surface, measured on (mo-day-yr)										
above land surface, measured on (mo-day-yr).				(
Pump test data: Well water was				☐ Land Survey ☐ Topographic Map						
W E after hours pumping				☐ Online Mapper:						
SW SE										
	Estimated Yield:	. hours pumping				6 Elevation:ft. ☐ Ground Level ☐ TOC				
S Bore Hole Diameter: .		eter: in. to	in. to ft. and			Source: Land Survey GPS Topographic Map				
1 mile		in. to				Other	Other			
7 WELL WATER TO BE USED AS:										
1. Domestic:	5. 🔲 Pub	lic Water Supply: well ID		10.	🗌 Oil Fie	eld Water Supply: lease	;			
Household	vatering: how many wells				e: well ID					
☐ Lawn & Garden 7. ☐ Aquifer Recharge: v							☐ Uncased ☐ Geotechnical			
Livestock		nitoring: well ID				nal: how many bores?				
	2. Irrigation 9. Environmental Remediation: well ID									
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra				b) Open Loop					
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 5. in. to 50 ft., Diameter in. to ft. Casing height above land surface 12 in. Weight 2.8 lbs/ft. Wall thickness or gauge No. Sch. 40.										
Casing height above land surface!4. in. Weight4.9 lbs./ft. Wall thickness or gauge No. SCD. 49										
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:										
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 .28										
GRAVEL PACK INTERVALS: From23 ft. to48 ft., From										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other										
Grout Intervals: From										
	possible contamination:		10	•••••••••••••••••••••••••••••••••••••••						
☐ Septic Tank	☐ Later	al Lines 🔲 Pit Priv	у	☐ Livesto	ck Pens	☐ Insecticide	Storage			
☐ Sewer Lines	☐ Cess			☐ Fuel Sto		☐ Abandone	d Water V	Vell		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
Direction from well? .east Distance from well? .35 ft.										
							HCON	TIMEDIA		
10 FROM T		OLOGIC LOG	FRO	M TO	LIT	HO. LOG (cont.) or PL	JUGGING	JINIERVALS		
0 2	top soil				 					
2 7	clay	***************************************			-					
7 48	sand and gravel									
ļ										
			NT - 4							
	Notes: House is using Sentricon bait system									
								1		
11 CONTRACTORS OF LANDOWNEDS CERTIFICATION, This was a second of the sec										
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) .03/3.1/16										
Kansas Water W	ell Contractor's License	No. 186 This	V Water Well	Record was	ora is tfl s comple	ue to the best of my K eted on (mo-day-year	110W1eag	e and bener.		
under the busines	s name of Kelly's Wat	er Well Service. Inc		Signature	· · · · · · · · · · · · · · · · · · ·	strem It	760 d	,		
Mail I white	copy along with a fee of \$5.00	for each constructed well to:	Kansas Depart	ment of Health	h and Envi	ronment, Bureau of Water	, GWTS S	ection,		
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										