

	WELL R		WWC-5 10712		Division of Water				W 11 ID				
Original Record Correction Chang 1 LOCATION OF WATER WELL:			e in Well Use Fraction	Resources App. No. Section Number			ownship Numb	Well ID	nge Number				
County:				1/4 1/4 1/4			T S			per Range Number R □ E □ W			
2 WELL OWNER: Last Name:								Address where well is located (if unknown, distance and					
Business:					earest town or intersection): If at owner's address, check here:								
Address:													
Address: City: State:			ZIP:										
2 LOCATE WELL			•										
WITH "X" IN 4 DEPTH OF COM			PLETED WELL: ft.			5 Latitude:(decimal degrees)							
			Encountered: 1) ft.			Longitude:(decimal degrees)							
N 2)				11	Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:								
	X		below land surface, measured on (mo-day-yr)				GPS (unit make/model:)						
NW			ve land surface, measured on (mo-day-yr)				(WAAS enabled? \(\subseteq \text{ Yes} \(\subseteq \text{ No} \)						
Pump test data: Well			vater was ft.			☐ Land Survey ☐ Topographic Map							
			rs pumping gpm water was ft.			☐ Online Mapper:							
SW SE		after hours pumping gpm											
		Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC								
S		Bore Hole Diameter: in. to						and Survey GPS Topographic Map					
1 n			in. to ft.				Other						
7 WELL WATER TO BE USED AS:													
Domestic: ☐ Housel		ter Supply: well IDg: how many wells?			10. Oil Field Water Supply: lease								
☐ Lawn &		g: now many wens?echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical								
			g: well ID			12. Geothermal: how many bores?							
			ll Remediation: well ID			a) Closed Loop							
3. ☐ Feedlot ☐ Air Sparge			☐ Soil Vapor 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?													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter													
Casing height above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL: 													
☐ 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													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
		contamination:	. 10., 1 10111			10., 1 10111 .		16. 60					
☐ Septic '	Tank	□ Lateral Line				ivestock Per			cide Storage				
☐ Sewer 1		☐ Cess Pool		oon		uel Storage			oned Water				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify)													
10 FROM	TO	LITHOLOG		FROM						IG INTERVALS			
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					$\perp \perp$								
				NT - A									
				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)													
Kansas Water Well Contractor's License No													
under the b	usiness name	of	ELL OWNED on 14-:	no for		la Ecc of the	00 fc :-	anah aamatmu-t- 1					
under the business name 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										