

	WELL R		WWC-5 1263	DI	vision of Water			
Original Record Correction Change I LOCATION OF WATER WELL:					ources App. Notice of the ources of the ourc	inces App. No. Well ID Well ID ID In Number Township Number Range Number		
County:						T S	$\begin{array}{c} R \\ R \\ \Box E \\ \Box W \end{array}$	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business:					ection from nearest town or intersection): If at owner's address, check here:			
Address:								
Address: City:		State:	ZIP:					
3 LOCAT	E WELL							
WITH "X" IN 4 DEPTH OF COMPLE				PLETED WELL: ft.		5 Latitude:(decimal degrees)		
	SECTION BOX: N Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4)						(decimal degrees)	
1	N		$TER LEVEL: \dots$			for Latitude/Longitude:	83 🗋 NAD 27	
		below land surface			GPS (unit make/model:)			
NW	NE	above land surface						
		-	Pump test data: Well water was ft. after hours pumping gpm			Land Survey Topographic Map		
W E		after hours Well v		Online Mapper:				
SW	- X SE	after hours						
		Estimated Yield:	6P	6 Elevation:ft. Ground Level TOC				
S		Bore Hole Diameter:	. ft. and	Source: Land Survey GPS Topographic Map				
1 r	1		in. to ft.			□ Other		
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease								
1. Domestic:			ig: how many wells?			10. ☐ Oil Field Water Supply: lease 11. Test Hole: well ID		
		echarge: well ID			\Box Cased \Box Uncased \Box Geotechnical			
	Livestock 8. Monitoring: well ID							
	□ Irrigation 9. Environmental Remediation: well ID				a) Closed Loop Horizontal Vertical			
3.				Extraction		b) Open Loop \Box Surface Discharge \Box 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 in. Weight lbs./ft. Wall thickness or gauge No.								
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 ft. to ft., From ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From 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.								
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)								
10 FROM	TO	LITHOLO	GIULUG	FROM	TO	LITHO. LOG (cont.) or F	PLUGGING INTERVALS	
				NI - 4 -				
	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								
under the b	under the business name of							
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								