

WATER WELL R		WWC-5 1153	DI	vision of Water			
Original Record Correction Chang     LOCATION OF WATER WELL:				ources App. No ction Number		Well ID r 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:				ction from nearest town or intersection): If at owner's address, check here:			
Address: Address:							
City:	State:	ZIP:					
3 LOCATE WELL				_			
WITH "X" IN	4 DEPTH OF CON						
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:		
	below land surface			GPS (unit make/model:)			
NW NE		above land surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)		
	Pump test data: Well v		🗌 La	Land Survey Topographic Map			
W V E		after hours pumping gpm Well water was ft.			Online Mapper:		
X SW SE	after hours pumping gpm			-			
	Estimated Yield:	spin		6 Elevation:ft.  Ground Level  TOC			
S	Bore Hole Diameter:	ft. and	Source: Land Survey GPS Topographic Map				
1 mile	in. to ft.						
7 WELL WATER TO BE USED AS:							
1. Domestic:	<ol> <li>Devaluation Public Water Supply: well ID</li> <li>Dewatering: how many wells?</li> </ol>				10. Oil Field Water Supply: lease		
☐ Household ☐ Lawn & Garden	6. □ Dewaterir 7. □ Aquifer R		11. Test Hole: well ID □ Cased □ Uncased □ Geotechnical				
	8. 🗌 Monitorin		12. Geothermal: how many bores?				
2. Irrigation	9. Environment			a) Closed Loop 🔲 Horizontal 🗌 Vertical			
3. 🗌 Feedlot	🗌 Air Sparge 🛛 Soil Vapor Extra			b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water			
4. $\Box$ Industrial $\Box$ Recovery $\Box$ Injection13. $\Box$ 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:							
$\Box \text{ Steel} \Box \text{ Stainless Steel} \Box \text{ Fiberglass} \Box \text{PVC} \Box \text{ Other (Specify)} \dots \dots$							
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. to ft.							
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.         9 GROUT MATERIAL:       Neat cement         Cement grout       Bentonite         Other       Other							
Grout Intervals: From							
Nearest source of possibl	e contamination:			,			
Septic Tank	□ Lateral Line			Livestock Per			
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)							
Direction from well? ft.							
10 FROM TO	LITHOLO		FROM			PLUGGING INTERVALS	
			Notes:				
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was a 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 Cor	tractor's License No		ter Well Re	cord was com	pleted on (mo-dav-vea	ar)	
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 <u>constructed</u> 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						