

WATER WELL RI		WWC-5 12522 ge in Well Use	Div	vision of Water		Well ID		
Original Record Correction Chang 1 LOCATION OF WATER WELL:		Fraction		ources App. Notion Number				
County:	1/4 1/4 1/4				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: ZIP:								
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude: (decimal degrees)								
WITH "X" IN	WITH "X" IN Doubt (a) Crown dwyster Engown tened (1)				C Zuczenia degrees)			
SECTION BOX:	2) ft.							
IN .		TER LEVEL:		Source for Latitude/Longitude:				
	☐ below land surface, measured on (mo-day-yr) ☐ above land surface, measured on (mo-day-yr)				GPS (unit make/model:)			
NW NE	Pump test data: Well		(WAAS enabled? ☐ Yes ☐ No)					
W E	after hour			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
	Well water was ft.				iiiie wiappei			
SW SE	after hours pumping gpm			6 Flores	ion. ft	Cround Lovel D TOC		
	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S 	Bore Hole Diameter: in. to ft. in. to ft.			Other				
7 WELL WATER TO BE USED AS:								
1. Domestic: 5. Public Water Supply: well ID								
☐ Household	ld 6. Dewatering: how many wells?			11. Test Hole: well ID				
Lawn & Garden	7. ☐ Aquifer Recharge: well ID							
☐ Livestock 2. ☐ Irrigation			12. Geothermal: how many bores?					
3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Ext			a) Closed Loop ☐ Horizontal ☐ Vertical 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								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL: □ 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								
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other								
Grout Intervals: From								
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) □ Other (Specify)								
Direction from well?								
10 FROM TO	LITHOLO	GIC LOG	FROM	TO	LITHO. LOG (cont.) or	r PLUGGING INTERVALS		
			Notes:	l L				
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 Cont	a was completed on (1 ractor's License No	no-uay-year)This Wat	and er Well Re	ond was com	s a ue to the best of m inleted on (mo-dav-v	ear)		
under the business name	of		······································			,		
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. WS Department of Health and Environment Pursua of Water Goalegy Section 1000 SW Jackson St. Suite 420. Toroke, Venego 66612 1267, Talanhara 785 206 2565.								
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								