

		_		WWC-5 1263 te in Well Use	3546		tion of Wat			Well ID		
 Original Record Correction Chang Chang LOCATION OF WATER WELL: 			Fraction		Resources App. No. Section Number			Township Numbe		nge Number		
County:			1/4 1/4 1/	/4 ¹ /4	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 direction from nearest town or intersection): If at owner's address, check here:						
City:			State:	ZIP:								
3 LOCAT		4 DEPTH	IPLETED WELL:	PLETED WELL: ft.			5 Latitude: (decimal degrees)					
WITH "		ft.										
	SECTION BOX: 2) ft. 3) ft., or 4) \Box							Datum: 🗌 WGS 84 📋 NAD 83 📋 NAD 27				
	· · · · · · · · · · · · · · · · · · ·	WELL'S STATIC WATER LEVEL: ft.					Source for Latitude/Longitude:					
		 □ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr) 					$\Box GPS (unit make/model:)$					
NW	NE		Pump test data: Well water was ft.					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
wX	E	~	after hours pumping					□ Online Mapper:				
SW			Well water was ft.									
			after hours pumping				6 Elevation:ft. Ground Level TO			I Level 🗖 TOC		
		stimated Yield:gpm fore Hole Diameter:in. to										
S Bore Hol			in. to									
7 WELL WATER TO BE USED AS:												
1. Domestic		10. Oil Field Water Supply: lease										
House			w many wells?			11. Test Hole: well ID						
	Lawn & Garden 7. 🗌 Aquifer Recharge: well ID								Uncased G			
2. \Box Irrigat	☐ Livestock 8. ☐ Monitoring: well ID ☐ Irrigation 9. Environmental Remediation: well ID								al: how many bores			
3. Feedlo		e Soil Vapor	a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water									
4. 🗌 Indust	rial		Recovery	☐ Injection			13. 🗌 O	ther (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												
I YPE 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)												
				n ft. to						£	C,	
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. from ft. to ft. 9 GROUT MATERIAL: Deat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest sou	rce of possibl	e contaminati	o n:									
☐ Septic			Lateral Line				ivestock Pe					
Sewer			Cess Pool	Sewage La			uel Storage		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)												
				Distance from w								
10 FROM	TO	I	ITHOLOG	GIC LOG	FRO	М	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
	<u> </u>											
	<u> </u>											
					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 business name 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												
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 <u>http://www.kdheks.gov/waterwell/index.html</u> KSA 82a-1212												