

| WATER WELL R   |  | WWC-5 1214  | DIV   | ision of Water                              |  |                   |  |
|--|--|---|---|---|--|-------------------|--|
| Original Record Correction Change     I LOCATION OF WATER WELL:  |  |   |   | tion Number                                 | rces App. No. Well ID Well ID On Number Township Number Range Numb |                   |  |
| County: 1/4 1/4  |  |   |   | $\frac{1}{4}$ T S R $\square$ E $\square$ W |  |                   |  |
| 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:<br>Address:   |  |   |   |   |  |                   |  |
| City: State: ZIP:  |  |   |   |   |  |                   |  |
| 3 LOCATE WELL  |  |   |   |   |  |                   |  |
| WITH "X" IN  | 4 DEPTH OF CC  |   |   |   |  |                   |  |
| SECTION BOX:   |  | Depth(s) Groundwater Encountered: 1)           2) |   |   | Longitude:(decimal degrees)  |                   |  |
| N  |  | ATER LEVEL:                                       |   |   | Datum: WGS 84 NAD 83 NAD 27<br>Source for Latitude/Longitude:      |                   |  |
|  |  | below land surface, measured on (mo-day-yr).      |   |   | GPS (unit make/model:)   |                   |  |
| NW <b>X</b> E  |  | above land surface, measured on (mo-day-yr).      |   |   | $(WAAS enabled? \square Yes \square No)$                           |                   |  |
|  | Pump test data: Well water was ft.                     |   |   | Land Survey Topographic Map                 |  |                   |  |
| W E  |  | after hours pumping                               |   |   | Online Mapper:   |                   |  |
| SW SE  | Well water was ft.     after hours pumping             |   |   |   |  |                   |  |
|  |  | Estimated Yield:gpm                               |   |   | 6 Elevation:ft.  Ground Level  TOC                                 |                   |  |
| S  | Bore Hole Diameter:                                    | ft. and   | Source: Land Survey GPS Topographic Map                             |   |  |                   |  |
| 1 mile   |  | in. to  | ft.   |   | □ Other  |                   |  |
| 7 WELL WATER TO BE USED AS:  |  |   |   |   |  |                   |  |
| 1. Domestic:   |  | Vater Supply: well ID                             |   | 10. Oil Field Water Supply: lease           |  |                   |  |
| ☐ Household<br>☐ Lawn & Garden   | 6. $\Box$ Dewater                                      |   | 11. Test Hole: well ID  |   |  |                   |  |
| Livestock  | <ol> <li>7. ☐ Aquifer</li> <li>8. ☐ Monitor</li> </ol> |   | □ Cased □ Uncased □ Geotechnical<br>12. Geothermal: how many bores? |   |  |                   |  |
| 2. Irrigation  | 9. Environme   |   |   | a) Closed Loop 🗌 Horizontal 🗋 Vertical      |  |                   |  |
| 3. Feedlot   | Air Spa  | 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?  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   |  |   |   |   |  |                   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Fiberglass         Fiberglass       Other (Specify)  |  |   |   |   |  |                   |  |
| 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. to ft., From ft. to ft.   |  |   |   |   |  |                   |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to 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. o ft. to ft.  |  |   |   |   |  |                   |  |
| Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage   |  |   |   |   |  |                   |  |
| Sever Lines     Cess Pool     Sevage Lagoon     Fuel Storage     Abandoned Water Well  |  |   |   |   |  |                   |  |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well   |  |   |   |   |  |                   |  |
| Other (Specify) Direction from well? ft.   |  |   |   |   |  |                   |  |
|  | LITHOL   |   | FROM  |   |  | LUGGING INTERVALS |  |
| 10 FROM TO   | LIIHUL   | JGIC LUG  | FROM  | 10  | LITHO. LOG (colit.) of Pl  | LUGOINO INTERVALS |  |
|  |  |   |   |   |  |                   |  |
|  |  |   |   |   |  |                   |  |
|  |  |   |   |   |  |                   |  |
|  |  |   |   |   |  |                   |  |
|  |  |   |   |   |  |                   |  |
|  |  |   | 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 business name  | e of   |   |   |   | ·····  |                   |  |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.<br>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  |  |   |   |   |  |                   |  |