

| | RWELL | | | WWC-5 1227 | | | on of Wate | | | | | |
|--|--|--------------------|--|---|--|---|---|--|--|-------------|-------------------------|--|
| | | | | | | ources App. No ction Number Township Num | | | Well ID per Range Number | | | |
| County: | | | | | | secu | | T S | | | $R \square E \square W$ | |
| | L OWNER: | Last Name: | | First: | | reet or Rural Address where well is located (if unknown, distance and | | | | | | |
| Busin | | | | | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Addre Addre | | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | |
| | ATE WELL | 4 DEPTH | OF COM | IPLETED WELL: . | | 5 Latitude:(decimal degrees) | | | | | | |
| | I "X" IN | | Encountered: 1) | | | | Longitude: | | | | | |
| SECI | ECTION BOX: N N (2) | | | | | | | | WGS 84 🛛 NAD | | | |
| | | | WELL'S STATIC WATER LEVEL: | | | | | | r Latitude/Longitude: | | | |
| | X | | below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) | | | | ∐G | ☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) | | | | |
| IN W | NE | | Pump test data: Well water was ft. | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | |
| w | E | after | after hours pumping gp | | | | | | | | | |
| SW | | oftor | Well water was ft. after gpm | | | | | | | | | |
| | | | Estimated Yield:gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | | | ore Hole Diameter: in. to | | | | Source: Land Survey GPS Topographic Map | | | | | |
| | 1 mile | | | in. to | ft. | | | ☐ Other | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease | | | | | | | | | | | | |
| | Domestic:5. □ Public Water Supply: well ID□ Household6. □ Dewatering: how many wells? | | | | | | | | | | | |
| | n & Garden | echarge: well ID | | | Cased Uncased Geotechnical | | | | | | | |
| Liv | — 5 | | | | | | | | l: how many bores | | | |
| | ☐ Irrigation 9. Environmental Remediation: well ID ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E | | | | | | | | Loop 🗌 Horizonta | | | |
| 3. □ Fee 4. □ Ind | | | $\square Son vapor I \\ \square Injection$ | | | | Loop Surface Discharge Inj. of Water (specify): | | | | | |
| 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 PVC Other (Specify) | | | | | | | | | | | | |
| □ Steel □ Statiless Steel □ Proeiglass □ PVC □ □ Other (Specify) | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| | | | | \square Sa | | | | | | ft to | ft | |
| DERLEI | | | | n ft. to | | | | | | | | |
| 9 GRO | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| | - | ble contaminatio | o n: Lateral Line | es 🗌 Pit Privy | | | vestock Pe | | Insection | ida Storaga | | |
| | ic Tank er Lines | | Cess Pool | | | | iel Storage | | | U U | | |
| | ertight Sewer L | ines 🔲 S | Seepage Pit | | | | ertilizer Sto | | | | | |
| Other (Specify) Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | | | ITHOLOG | | FROM | | | | HO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| 10 11(0) | 1 10 | | 11110200 | | 11000 | | 10 | LIII | | 1200011 | GITTERTIES | |
| | | | | | | | | | | | | |
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| | | | | | 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 of | | | | | | | | | | | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed 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. | | | | | | | | | | | | |
| - | | neks.gov/waterwell | | raci, Geology Stelloll, It | JUU DIV JACK | | ., Suite 420, | торен | xu, ixunsas 00012-130. | | SA 82a-1212 | |