WATER WELL R		Form WWC Change in We			sion of Wate urces App. N		Well ID	
1 LOCATION OF W	ATER WEL	L: Fracți	on	Sect	ion Numbe	r Township Numb	per Range Number	
County: Sody	guich		E 14/1W14/		ol Addross	T J(S	R E W	
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:								
Address: 4411 N Pearline St					irection from nearest town or intersection): If at owner's address, check here:			
City: W	12e	State: KS ZIP:	07101		17	raize, Kl	6761	
3 LOCATE WELL	4 DEPTH	OF COMPLET	ED WELL:	₹4 ft.	5 Latitu	ıde:	(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) Gr	oundwater Encount	tered: 1)	ft.	Longitude:(decimal degrees)			
N	WELL'S STATIC WATER LEVEL:				Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: GPS (unit make/model:)			
XwNE	above la	red on (mo-day-y	/r)	(WAAS enabled? ☐ Yes ☐ No)				
W E	_	ata: Well water wa hours pumpii			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
SW SE		Well water wa	ıs ft	•				
	after	hours pumpii Tield: A.Sgpm	ng Į	gpm	6 Eleva	tion: ft	t. Ground Level TOC	
S	Bore Hole Diameter: in. to			. ft. and	Source: Land Survey GPS Topographic Map			
mile	1							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID								
∐Household	6. [many wells?		11. Test Hole: well ID				
Livestock] Aquifer Recharge] Monitoring: well			☐ Cased ☐ Uncased ☐ Geotechnical			
2. Irrigation		nvironmental Reme			12. Geothermal: how many bores?			
3. Feedlot		☐ Soil Vapor E	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:								
8 TYPE OF CASING USED: Steel PVC Other								
Casing diameter								
Casing height above land surface								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)								
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:								
Continuous Slot								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From								
SCREEN-PERFORATED INTERVALS: From								
9 GROUT MATERIAL: \(\text{Neat cement} \) \(\text{Cement grout} \) \(\text{VBentonite} \) \(\text{D Other} \).								
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other								
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) Direction from well? Distance from well?								
10 FROM TO	J	LITHOLOGIC LC		FROM			or PLUGGING INTERVALS	
0 !	700 SC	પ્રો		-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
110 28	Clay	Sand						
28 300	Carl						West-bloom at an about 100 Methods and 100 minutes	
30 54	med	Graves						
		•		Notes:				
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).								
under my jurisdiction and was completed on (mo-day-year) 24								
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas								
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.							7th one (white) copy to Kansas none (785) 296-3565,	
Visit us at http://www.kd	hcks.gov/waterwel	l/index.html		KSA 82a-11	212		Revised 9/10/2012	