

| WATER W | | | WWC-5 1338 | DI | vision of Wate | | | |
|---|-----------------------------------|--|--|--|--|--|---|--|
| Original Record Correction Change I LOCATION OF WATER WELL: | | | | | ources App. N | | | |
| County: | | | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Num | | r Township Numb T S | $\begin{array}{c c} & \text{Range Number} \\ & R & \square E \square W \end{array}$ | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | |
| Address: | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Address: | | G () | 700 | | | | | |
| City: | | State: | ZIP: | | | | | |
| | | | IPLETED WELL: . | | t. 5 Latitu | de: | (decimal degrees) | |
| SECTION BOX: N Depth(s) Groundwater E 2) ft. 3 | | | <i>,</i> | Encountered: 1) ft. | | Longitude:(decimal degrees) | | |
| | | | | | | Datum: 🗌 WGS 84 🔲 NAD 83 🔲 NAD 27 | | |
| K T | | WELL'S STATIC WA | | | for Latitude/Longitude | | | |
| NWNE W | | \square above land surface. | | | ☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) | | | |
| | | Pump test data: Well w | | \Box Land Survey \Box Topographic Map | | | | |
| | | after hours pumping gpm | | | Online Mapper: | | | |
| SW S | SE | Well water was ft. | | | | | | |
| | | after hours pumping gpm Estimated Yield:gpm | | | 6 Elevation:ft. 🗆 Ground Level 🗆 TOC | | | |
| S | | Bore Hole Diameter: | ft. and | Source: Land Survey GPS Topographic Map | | | | |
| 1 mile | | | ft. | □ Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID | | | | | | | | |
| Household | | 6. 🗌 Dewaterin | | | | | | |
| | Lawn & Garden 7. Aquifer Recharge | | | | | | | |
| ☐ Livestock 2. ☐ Irrigation | | | | | | | | |
| 3. ☐ Feedlot | | | | | | b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water | | |
| 4. 🗌 Industrial | | \square Recovery | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? \Box Yes \Box 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 in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| Steel 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 Line | es 🗌 Pit Privy | Г | Livestock Per | ns 🗆 Insecti | cide Storage | |
| Sever Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well | | | | | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | |
| Direction from well? ft. | | | | | | | | |
| 10 FROM | TO | LITHOLO | | FROM | | | r PLUGGING INTERVALS | |
| | 10 | LIIIOLO | 310 100 | TROM | 10 | | I LUUUINU INTERVALS | |
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| Notes: | | | | | | | | |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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 Con | tractor's License No | This Wa | ter Well Re | cord was con | pleted on (mo-day-y | ear) | |
| under the busin | iess name | of | | | orda Eas -f. or | 00 for each construct 1 | all | |
| 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. | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | |