| WATER WELL R | | WWC-5 | Divis | sion of Water | | | | |
|--|--|--------------------------|---|---|--|---|------------|--|
| Original Record | | ge in Well Use | | ırces App. No. | | Well ID | | |
| | | Fraction 1/4 1/4 1/4 1/4 | Section Number | | Township Numb | | ge Number | |
| County: Sed G | WILL | , | 3 $T \rightarrow 7$ S $R \rightarrow \Box E \bigvee W$ | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| The second secon | | | | ection from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: PO BOX 43 | | | 601 n. Cldar 8t | | | | | |
| City: | chital State:KS | ZIP: 67201 | | $^{\text{A}}$ odda | rd, 628 6 | 57058 |) . | |
| 3 LOCATE WELL | · · | | 96 t | | , | | | |
| WITH "X" IN | | MPLETED WELL: . | | | : | | | |
| SECTION BOX: | | Encountered: 1) | | Longitude:(decimal degrees) | | | | |
| N | 2) ft. | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | | |
| | | ATER LEVEL: | | B 1 | | _ | , | |
| NW NE | above land surface | | | | | | | |
| NE | Pump test data: Well | | ☐ Land Survey ☐ Topographic Map | | | | | |
| w | after hou | gpm | Online Mapper: | | | | | |
| SW SE | Well water was ft. | | | | | | | |
| 3W3E | after hours pumping gpm Estimated Yield: 1gpm | | | 6 Elevation:ft. Ground Level TOC | | | | |
| S | Bore Hole Diameter: in. to | | | Source: Land Survey GPS Topographic Map | | | | |
| 1 mile | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | 10. □ Oil Fi | eld Water Supply: 1 | ease | | |
| ☐ Household | | | | 11. Test Hole: well ID | | | | |
| Lawn & Garden | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| | Livestock 8. Monitoring: well ID | | | | nal: how many bore | | | |
| | 2. Irrigation 9. Environmental Remediation: well ID | | | a) Closed Loop | | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extr 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? | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE 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) SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| CDAVEL DAG | GRAVEL PACK INTERVALS: From 24 ft. to 36 | | | ft to ft From ft to ft | | | | |
| 9 GROUT MATERIAL: Neat cement Accoment grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| ☐ Septic Tank | Lateral Lin | | | Livestock Pens | | icide Storage | | |
| ☐ Sewer Lines | ☐ Cess Pool | | goon 🔲 I | Fuel Storage | | loned Water | Well | |
| | ✓—Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) ☐ Distance from well? ✓ The control of the properties of the control of the | | | | | | | |
| Uther (Specify) | Walt | Dietanaa fram 112 | all? | 45 | fi | ì | | |
| 10 FROM TO | | OGIC LOG | FROM | TO LI | THO. LOG (cont.) o | r PLUGGIN | GINTERVALS | |
| (O) 1 | 10x2 8011 | | I IXOIVI | | 200 (voii.) 0 | | | |
| 1 46 | M. n | | + | | | | | |
| 14, 24 | Evol San | al a | | | and the second s | | | |
| 55 65 | | iake | | | | | | |
| 105 810 | Sim ie | Contract Contract | | | | ~~ | | |
| 180 di | Brown St | ave | | | | | | |
| 91 96 | Eup ROCK | | Notes: | | | *************************************** | | |
| J. War | | | | | | | | |
| 1 | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, \Box reconstructed, or \Box plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | |
| under the husiness name of white the husiness name of the husiness name | | | | | | | | |
| 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. | | | | | | | | |

KSA 82a-1212

Visit us at http://www.kdheks.gov/waterwell/index.html

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