

| WATER WELL R | | WWC-5 1354 | DI | vision of Water | | | | |
|--|---|--|------------------------|--|--|-------------------|--|--|
| | | | | ources App. No. | | Well ID | | |
| 1 LOCATION OF WATER WELL: County: | | FractionSect $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | ction Number | on Number Township Number Range Number T S R \square E \square W | | | |
| 2 WELL OWNER: Last Name: 74 | | | | | | | | |
| Business: | ist manie. | | | ction from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: | | | uncention nom | | | | | |
| Address: City: State: ZIP: | | | | | | | | |
| City: State: ZIP: 3 LOCATE WELL 4 DEPTH OF GOVERNMENT (1997) 6 DEPTH OF GOVERNMENT (1997) | | | | | | | | |
| WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | |
| SECTION BOX: | Depth(s) Groundwater | | | Longitude: | | | | |
| Ν | | 3) ft., or 4) [TEP I EVEL : | | | □ WGS 84 □ NAD 8 | 53 🔲 NAD 27 | | |
| | WELL'S STATIC WATER LEVEL: Below land surface, measured on (mo-day-yr) Below land surface, measured on (mo-day-yr) Below land surface, measured on (mo-day-yr) Pump test data: Well water was | | | | or Latitude/Longitude: |) | | |
| NW NF | | | | ······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| | | | | | | | | |
| W E | | | | | | | | |
| SW - 🗙 SE | Well water was ft. after hours pumping gpn | | | | | | | |
| | Estimated Yield: | gpm | 6 Elevation | 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: | | | | | | | | |
| Household | 6. 🗌 Dewaterir | | 11. Test Hole: well ID | | | | | |
| □ Lawn & Garden □ Livestock | 7. 🗌 Aquifer R | | | Cased Uncased Geotechnical | | | | |
| 2. Irrigation | 8. 🗌 Monitorin 9. Environment | | | 12. Geothermal: how many bores?a) Closed Loop ☐ Horizontal ☐ Vertical | | | | |
| $3. \square$ Feedlot | Air Sparg | 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? \square Yes \square 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 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 | | | | | | | | |
| Sewer Lines | Cess Pool | Sewage Lag | | Fuel Storage | | ed Water Well | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | |
| Other (Specify) | | | | | | | | |
| Direction from well? | | | | | | | | |
| 10 FROM TO | LITHOLO | GICLOG | FROM | TO L | TTHO. LOG (cont.) or P | LUGGING INTERVALS | | |
| | | | | | | | | |
| | | | 1 | | | | | |
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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 Con | tractor's License No | | ter Well Re | cord was com | bleted on (mo-day-year | :) | | |
| 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 <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 <u>http://www.kdheks.gov/waterwell/index.html</u> KSA 82a-1212 | | | | | | | | |