| WATER WELL R | | n WWC-5 | | sion of Water | | | J | |
|--|---|--|--------------------------------------|--|-----------------------------|------------------------------|-----|--|
| Original Record | | ange in Well Use | Resou | ırces App. No. | | Well ID | | |
| | | Fraction SE ¼ SW ¼ SW ¼ | SW 1/4 Section Number Township N | | | er Range Number R 3 □ E ■ | | |
| 2 WELL OWNER: L | Street or Rura | ural Address where well is located (if unknown, distance and | | | | | | |
| Business: Address: 24550 WEST 47TH DTREET SOUTH direction from nearest town or intersection): If at owner's address, check her | | | | | | | | |
| Address: City: GODDAR | D State: K | S ZIP: 67052 | | | | | | |
| 3 LOCATE WELL | | | | 5 Latitude:(decimal degrees) | | | | |
| WITH "X" IN SECTION BOX: | | Depth(s) Groundwater Encountered: 1) | | | Longitude:(decimal degrees) | | | |
| N | | 3) ft., or 4) | | Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | |
| | 1 | VATER LEVEL:3.⊇ | | Source for Latitude/Longitude: GPS (unit make/model:) | | | | |
| NWNE | □ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr) | | | . — | , | |) | |
| NW NE | Pump test data: Well water was ft. | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| W | after hours pumpinggpm | | | Online Mapper: | | | | |
| SW SE | Well water was | | | | | | | |
| x | Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| S | Bore Hole Diameter | . ft. and | Source: | | | | | |
| mile | | in. to | ft. | |] Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | 5. Public Water Supply: well ID | | | | | | | |
| Lawn & Garden | | | 11. Test Hole: well ID | | | | | |
| Livestock | 7. Aquifer Recharge: well ID | | | 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | a) Closed Loop Horizontal Vertical | | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extr 4. ☐ Industrial ☐ Recovery ☐ Injection | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| (p | | | | | | | | |
| 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 JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter | | | | | | | | |
| Casing diameter | | | | | | | | |
| 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 .25 ft. to .80 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| 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 Lin | | _ • | | Fertilizer Storag | | II/Gas Well | ĺ | |
| Direction from well? | West | Distance from we | ıı? 50 | | ft. | | | |
| 10 FROM TO | LITHOI | OGIC LOG | FROM | | | PLUGGING INTERV | ALS | |
| | SOIL | | | | | | | |
| | CLAY | NAIV | | | 174 | | | |
| | FINE SAND/CLAY FINE SAND | NIIX | | | | | | |
| | MED SAND | | | | | | | |
| | AQUA SHALE | | | | The couple, | | | |
| | GRAY SHALE | | 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) .2/09/2018 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 884 This Water Well Record was commeted on (mo-day-year) 5/2/2018 | | | | | | | | |
| Kansas Water Well Contractor's License No. 884 This Water Well Record was completed on (mo-day year) | | | | | | | | |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bufeau of Water, GWTS Section, | | | | | | | | |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | |