

| W | _ | | RECORD | | WWC-5 1219 | 1 | | ion of Wat | | | Well ID | | |
|---|--|---|-----------------------------|---|---------------------------------------|-----------|---|--|----------------------|---------------------------------------|------------|--------------|--|
| 1 | - 0 | Original Record Correction Change in Well Use COCATION OF WATER WELL: Fraction | | | | | Resources App. No. We Section Number Township Number | | | | ge Number | | |
| 1 | County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | Seeth | $\begin{array}{c c} T & S \\ T & S$ | | | | | |
| County: 1/4 1/4 1/4 1/4 T 2 WELL OWNER: Last Name: First: Street or Rural Address where well is low direction from nearest town or intersection): If a Address: Address: Address: ZIP: | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | f unknown, | distance and | |
| 3 | LOCAT | E WELL | | | • | | | | | | | | |
| ~ | | ITH "X" IN 4 DEPTH OF COMPLETED WELL: Depth(c) Groundwater Encountered: 1) | | | | | | | | | | | |
| | N | N 2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL: WELL'S STATIC water Level: model NW NE neasured on (mo-day-yr above land surface, measured on (mo-day-yr | | | | | | Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27 <u>Source for Latitude/Longitude</u> : GPS (unit make/model:) (WAAS enabled? Yes No) | | | | | |
| W | | | after | Pump test data: Well water was ft. after hours pumping gpm Well water was ft. | | | | | Land Survey | | | | |
| | S Estimated Yield: Bore Hole Diameter: | | | | : pumpinggpm gpm in. to ft. and | | | 6 Elevation:ft. □ Ground Level □ TOC <u>Source</u> : □ Land Survey □ GPS □ Topographic Map | | | | | |
| | 1 n | 1 | in. to ft. | | | | | □ Other | | | | | |
| | | VELL WATER TO BE USED AS: Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | |
| | Domestic: | | | g: how many wells? | | | | | | | | | |
| | Lawn & | | | echarge: well ID | | | | | | | | | |
| | Livesto | | | g: well ID | | | | | al: how many bores?. | | | | |
| | ☐ Irrigati ☐ Feedlo | | 1vironmenta] Air Sparge | al Remediation: well ID e Disoil Vapor E | | ••• | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| | Industr | | | Recovery | | Miluction | | 13. Other (specify): | | | | | |
| W | Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| | | | 1? 🗌 Yes 🔲 | | | | | _ | | - | | | |
| | 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | |
| | Casing diameter in. to ft., Diameter in. to ft., Diameter ft. | | | | | | | | | | | | |
| | Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | |
| | □ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify) | | | | | | | | | | | | |
| | □ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) | | | | | | | | | | | | |
| SC | 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) | | | | | | | | | | | | |
| SC | SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| | | | | | n ft. to | | | | | | | | |
| | | | | | Cement grout Ben ft., From | | | | | | | | |
| | | | ble contaminati | | | | | , 110111 | | | 11. | | |
| | 🗌 Septic ' | Fank - | | Lateral Line | | | | ivestock Pe | | Insecticid | | | |
| | Sewer l | | | Cess Pool | ☐ Sewage Lag ☐ Feedyard | goon | | uel Storage ertilizer Sto |) | Abandone | | Well | |
| | Other (| Specify) | | | | | | erunzer Su | Jiage | | Gas wen | | |
| Di | rection fro | m well? | | | Distance from we | ell? | | | | ft. | | | |
| 10 | FROM | TO | I | ITHOLOG | GIC LOG | FROM | [| ТО | LIT | HO. LOG (cont.) or P | LUGGIN | G INTERVALS | |
| | | | | | | | + | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged | | | | | | | | | | | | | |
| un Ka | 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 Contractor's License No This Water Well Record was completed on (mo-day-year) under the business name 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. | | | | | | | | | | | | | |
| | | | heks.gov/waterwel | | | | | | r | | | A 82a-1212 | |