

WATER WELL		WWC-5 1248	DI	vision of Water			
Original Record Correction Change I LOCATION OF WATER WELL:				ources App. No ction Number			
County:			$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Secu		T S	$\begin{array}{c c} R & R & R \\ \hline R & R & R \\ \hline R & R \\ \hline$	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and							
Business:				ction from nearest town or intersection): If at owner's address, check here:			
Address: Address:							
City:	State:	ZIP:					
3 LOCATE WELL							
WITH "X" IN		4 DEPTH OF COMPLETED WELL:					
SECTION BOX:		Depth(s) Groundwater Encountered: 1) 2)			Longitude:		
Ν		WELL'S STATIC WATER LEVEL:			for Latitude/Longitude:	83 🗋 NAD 27	
		e, measured on (mo-day-)	
NW NE	above land surface			(WAAS enabled? ☐ Yes ☐ No)			
	- C 1	Pump test data: Well water was ft.			□ Land Survey □ Topographic Map □ Online Mapper:		
W		after hours pumping gpm Well water was ft.					
SW SE		after hours pumping					
		Estimated Yield:gpm			6 Elevation:ft. Ground Level TOC		
S		Bore Hole Diameter: in. to f			Source: Land Survey GPS Topographic Map		
1 mile		in. to ft.					
7 WELL WATER TO BE USED AS:							
1. Domestic:	5. Public Water Supply: well ID 6. Dewatering: how many wells?						
☐ Household ☐ Lawn & Garden	6. □ Dewaterii 7. □ Aquifer R		□ Cased □ Uncased □ Geotechnical				
	8. Monitorir		12. Geothermal: how many bores?				
2. Irrigation	9. Environment			a) Closed Loop \Box Horizontal \Box Vertical			
3. 🗌 Feedlot	🗌 Air Sparge 🛛 Soil Vapor Extr				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? Ves 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:							
$\Box \text{ Continuous Slot} \qquad \Box \text{ Mill Slot} \qquad \Box \text{ Gauze Wrapped} \qquad \Box \text{ Torch Cut} \qquad \Box \text{ Drilled Holes} \qquad \Box \text{ Other (Specify)} \dots \dots$							
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. to ft.							
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. to ft.							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
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 Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well							
□ Other (Specify)							
Direction from well? ft.							
10 FROM TO	LITHOLO	GIC LOG	FROM	TO	LITHO. LOG (cont.) or H	PLUGGING INTERVALS	
				$\left \right $			
	Notes:						
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 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/waterwell/index.html					KSA 82a-1212	