

	WELL R		WWC-5	Division of Water			W 11 ID				
Original Record Correction Chang 1 LOCATION OF WATER WELL:			e in Well Use Fraction		Resources App. No. Section Number			Township Numb	Well ID	nga Number	
County:			1/4 1/4 1/4 1/4 1/4			T S			er Range Number R DE W		
2 WELL OWNER: Last Name:				Rura	Il Address where well is located (if unknown, distance and						
Business:					earest town or intersection): If at owner's address, check here:						
Address:											
Address: City: State:			ZIP:								
2 LOCATE WELL			•								
WITH "X" IN 4 DEPTH OF COM			PLETED WELL: ft.			5 Latitude:(decimal degrees)					
SECTION BOX: Depth(s) Groundwater I			Encountered: 1) ft.			Longitude:(decimal degrees)					
			ΓER LEVEL:	11	Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:						
X		below land surface, measured on (mo-day-yr)				· GPS (unit make/model:)					
NW	NE		above land surface, measured on (mo-day-yr)				(WAAS enabled? \(\subseteq \text{Yes} \)				
Pump test data: We			water was ft.			☐ Land Survey ☐ Topographic Map					
			urs pumping gpm l water was ft.			☐ Online Mapper:					
SW SE		after hours pumping gpm									
		Estimated Yield:gpm			6 Elevation:ft. Ground Level TO						
S		Bore Hole Diameter: in. to							☐ GPS ☐ Topographic Map		
1 n			in. to	ft.			Ш	Otner			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
1. Domestic:		g: how many wells?			10. Oil Field Water Supply: lease						
☐ Lawn &		echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical						
			g: well ID					al: how many bores			
			al Remediation: well ID			a) Closed Loop					
3. Feedlot Air Sparge						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?											
8 TYPE OF CASING USED: Steel PVC Other											
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)											
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other											
Grout Interv	als: From	ft. to									
		e contamination:									
☐ Septic '		Lateral Line				ivestock Per			cide Storage		
Sewer l		☐ Cess Pool es ☐ Seepage Pit		oon		uel Storage			oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)											
Direction from well?											
10 FROM	TO	LITHOLOG	GIC LOG	FRON	M	TO	LIT	HO. LOG (cont.) or	: PLUGGIN	G INTERVALS	
				Notes:	 :						
				1,000	-						
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)											
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 constructed well.											
under the D	911100	Send one copy to WATER W	ELL OWNER and retain or	ne for your	r record	ds. Fee of \$5	.00 fc	or each constructed we	<u></u> ell.		
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 h	ttp://www.kdhel	ks.gov/waterwell/index.html							K.	SA 82a-1212	