		RECORD		WWC-5		vision of Water			AS6	
Image: Original Record       Correction       Change in Well Use         1       LOCATION OF WATER WELL:       Fraction					Resources App. No.         Well ID           Section Number         Township Number         Range Number			ge Number		
County: Republic 14 SW 1/4 NE						17				
		Last Name: Cha	mplin	First: Ron	Street or Rural Address where well is located (if unknown, distance and					
	Christen				direction from nearest town or intersection): If at owner's address, check here:					
Address: Box 455					4th & Washington, Scandia					
Address: City: Concordia State: KS ZIP: 66901					411 0 1103	inigion, ocar				
3 LOCAT							-			
WITH "				IPLETED WELL:			le:		-	
	<b>DN BOX:</b>	BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4				Longit	Longitude:(decimal degrees) Horizontal Datum: WGS 84  NAD 83  NAD 27			
1	N WELL'S STATIC WATER LEVEL:									
		below la	below land surface, measured on (mo-day-				GPS (unit make/model:)			
NW	NE			, measured on (mo-day			(WAAS enabled? ☐ Yes ☐ No)			
Pump test data: Well w							Land Survey      Topographic Map			
W	E afterhours pumping						Online Mapper:			
SW	after hours pumping					. 20m				
		Estimated Yi	eld	gnm	6 Elevatio		n:ft. □ Ground Level □ TOC			
	S Bore Hole Diameter:8. in. to					ft. and Source: Land Survey GPS Topographic Map				
7 WELL WATER TO BE USED AS:         1. Domestic:       5. □ Public Water Supply: well ID         10. □ Oil Field Water Supply: lease										
	□ Household					11. Test Ho	11. Test Hole: well ID			
_	□ Lawn & Garden 7. □ Aquifer Recharge: well ID						□ Cased □ Uncased □ Geotechnical			
_	Livestock 8. Monitoring: well ID					12. Geother	12. Geothermal: how many bores?			
2. Irrigation 9. Environmental Remediation: well							a) Closed Loop 🗌 Horizontal 🗌 Vertical			
3. ☐ Feedlot							b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):			
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:										
Water well disinfected? Yes No										
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ■ Threaded Casing diameter										
Casing height above land surface										
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 □ Drifted Holes □ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From .23 ft. to .25 ft., From ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other										
				. ft., From	ft. to	ft., From	ft. to	ft.		
		le contaminatio	n: ateral Line		_	Livestock Pens		ida Stanaga		
Septic Sewer I			ess Pool	s 🗌 Pit Privy 🗌 Sewage La		Fuel Storage		ide Storage med Water V	Vell	
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) Contaminated Site										
Direction from well? ft.										
10 FROM	ТО		THOLOG		FROM	TO L	ITHO. LOG (cont.) or	PLUGGIN	<u>JINTERVALS</u>	
0	1	Asphalt and C								
3.5	3.5 10	Clay, Dark Gray			-					
<u>3.5</u> 10	17	Silt, Gray Sand, vf-f, Gray								
	25		Sand, vf-n, Gray bcmg Brown Gray							
		Juna, vi-m, C	ay burn	g brown oray						
					Notes:	I				
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) .12/18/2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No527										
under the business name of GeoCore Inc										
Mail 1	white copy al	ong with a fee of \$	5.00 for eac	h constructed well to: Kar	isas Departmen	t of Health and En	vironment, Bureau of Wa	ater, GWTS S	ection,	
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										