WATER WELL R		WWC-5		ision of Water			AS7	
Original Record	Correction	ge in Well Use	Res	ources App. No.		Well ID		
1 LOCATION OF W	ATER WELL:	Fraction	Se	ction Number	Township Numb		ge Number	
County: Republic	1/4 SW 1/4 NE 1/4	NE 1/4	17 T 3 S R 4 □E ■ W					
2 WELL OWNER: Last Name: Champlin First: Ron Street or Rural Address where well is located (if unknown, distance and								
Business: Christensen Oil direction from nearest town or intersection): If at owner's address, check here							check here: 🔲	
Address: Box 455							_	
Address: 4th & Washington, Scandia								
City: Concordia State: KS ZIP: 66901								
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:25 ft. 5 Latitude:							(4:1 4	
WITH "X" IN Depth(s) Groundwater Encountered: 1)17				5 Latitude:				
SECTION BOX:	3ECTION BOX. 2) 0 0 1 0 1				1e:		(decimal degrees)	
WELL'S STATIC WATER LEVEL:					l Datum: ☐ WGS 8		83 LI NAD 27	
below land surface, measured on (mo-day-yr)					r Latitude/Longitude		,	
above land surface, measured on (mo-day-yr)					(unit make/model:			
Pump test data: Well water was ft.					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
W E	after hours pumping				Online Mapper:			
"	Well water was ft.				ie Mappei	• • • • • • • • • • • • • • • • • • • •		
SW SE after hours pumping								
	Estimated Yield:gpm				n:ft			
S Bore Hole Diameter:8 in. to25 f				Source: Land Survey GPS Topographic Map				
1 mile		in. to	ft.		Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:		nter Supply: well ID		10. ☐ Oil Fi	eld Water Supply: Id	ease		
☐ Household		ig: how many wells?			e: well ID			
Lawn & Garden 7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock 8. ☐ Monitoring: well ID				12. Geothermal: how many bores?				
2. ☐ Irrigation 9. Environmental Remediation: well ID. A				a) Closed Loop				
3. ☐ Feedlot ■ Air Sparge ☐ Soil Vapor Extra					b) Open Loop Surface Discharge Inj. of Water			
4. ☐ Industrial	☐ Recovery				(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 2 in to 23 ft., Diameter in to ft., Diameter in to ft.								
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. Sch. 40								
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 .23 ft. to .25 ft., From ft., From ft., From ft.								
SCREEN-PERFORATED INTERVALS: From .49								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination:								
☐ Septic Tank	☐ Lateral Line			Livestock Pens		cide 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) Contaminated Site								
	LITHOLOG	Distance from w	FROM		THO. LOG (cont.) or		CINTEDVALC	
		JIC LUG	1 KOM	10 LI	TIO. LOG (COIII.) OI	LLUGGIN	MIERVALS	
	Concrete		 					
	lay, Brown							
	silt, Brown							
	and, vf-f, Gray							
17 25 S	and, vf-f w/tr. m, Gra	ıy						
			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) .12/20/2017 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No. 34/ This Water Well Record was completed on (mo-day-year) 1/25/2018								
under the business name	of GeoCore.lnc		Si	gnature	men fell			
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau 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.								
•	•				or your records. Teleph			
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015								