

WATER WELL R		Form		5	4404		sion of Wate			XV-11 T				
Original Record Correction Change 1 LOCATION OF WATER WELL:			ge in Well Fractio		Resources App. No. Section Number			Township Number		Well ID Range Number				
County:			1/4	4 ¹ /4			4	T S R						
County: 1/4 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: Street or Rural Address where well														
Business:		irection 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:							
N	WELL'S STATIC WATER LEVEL:					-11	Datum: WGS 84 NAD 83 NAD 27							
	☐ below land surface, measured on (mo-day-yr)						Source for Latitude/Longitude:							
NW NE	above land surface, measured on (mo-day-yr)						(WAAS enabled? Yes No)							
	Pump test data: Well water was ft.						🗌 Land Survey 🔲 Topographic Map							
W E	after		g			Online Mapper:								
SW SE	Well water was ft. after hours pumping													
	Estimated Y		s	. gpm		6 Elevation:ft. Ground Level TOC								
S	Bore Hole Diameter: in. to						Source: Land Survey GPS Topographic Map							
1 mile	in. to ft.						□ Other							
7 WELL WATER TO BE USED AS:														
1. Domestic:														
☐ Household □ Lawn & Garden	6. Dewatering: how many wells?						11. Test Hole: well ID □ Cased □ Uncased □ Geotechnical							
Livestock	7. Aquifer Recharge: well ID								al: how many bores					
2. Irrigation	9. Environmental Remediation: well ID								Loop Horizont					
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extr								Loop Surface Di					
4. 🗌 Industrial							13. 🗌 Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:														
Water well disinfected? \square Yes \square 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 ft.														
Casing height above land surface														
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify)														
□ Statiles Steel □ Fiberglass □ FVC □ Other (Specify)														
SCREEN OR PERFORATION OPENINGS ARE:														
Continuous Slot	☐ Mill Slot		auze Wra	pped 🛛 T	orch Cut	🗌 Dri	illed Holes		Other (Specify)					
Louvered Shutter		ed 🗌 W	/ire Wrap	ped 🗌 S	aw Cut	🗌 No	one (Open H	lole)						
SCREEN-PERFORATE														
									ft., From					
9 GROUT MATERIA														
Grout Intervals: From Nearest source of possible			ft., Fror	n	. ft. to		ft., From	•••••	It. to	ft.				
Septic Tank		ateral Line	es	🗌 Pit Privy			livestock Per	ns	Insection	cide Stora	ige			
Sewer Lines		Cess Pool		Sewage La	agoon		Fuel Storage							
UWatertight Sewer Lir	ies 🗆 S	eepage Pit		Feedyard		🗆 F	Fertilizer Sto	rage	🗌 Oil We	ll/Gas W	ell			
Other (Specify)														
Direction from well? Distance from well 10 FROM TO LITHOLOGIC LOG									HO. LOG (cont.) or					
10 FROM TO	L	THOLOG	GIULUG	J	FRO	M	10	LII	HO. LOG (cont.) of	PLUGG	ING INTERVALS			
					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) and this record is true to the best of my knowledge and belief.														
Kansas Water Well Con	tractor's Lice	ense No	Kansas Water Well Contractor's License No											
under the business name	e of													
under the business name KS Department of Health a	Send one copy to	WATER W	VELL OWN	NER and retain	one for you	r recor	ds. Fee of \$5	.00 f	or each constructed we	-11.				