

	WELL R			WWC-5 1322			ion of Wate					
Original Record Correction Change LOCATION OF WATER WELL:							ources App. No.		Township Number Range Nu		go Numbor	
County:											$\Box E \Box W$	
	OWNER: L	ast Name:		First:		treet or Rural Address where well is located (if unknown, distance a						
Business					direction from nearest town or intersection): If at owner's address, check here:							
Address: Address:												
City:		State:	ZIP:									
3 LOCAT	TE WELL				C.							
WITH	'X" IN			LETED WELL: ft.			5 Latitude:					
	ON BOX: NDepth(s) Groundwater Encountered: 1) $2)$						Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27					
	N		WELL'S STATIC WATER LEVEL: ft.						Latitude/Longitude:	65 <u> </u>	AD 21	
		below land surface, measured on (mo-day-yr)					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) □ Land Survey □ Topographic Map □ Online Mapper:					
NW -	NE	above land surface, measured on (mo-day-yr)										
w	E	Pump test data: Well water was ft. after hours pumping gpm										
		Well water was ft.										
SW	SE	after hours pumping gpm					6 Elevation:ft. Ground Level TOC					
	S		Estimated Yield:gpm					Source: Land Survey GPS Topographic Map				
1	s mile	Bore Hole Diameter: in. to ft. a ft.										
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease												
	Household 6. Dewatering: how many well						11. Test Hole: well ID					
Lawn	& Garden 7. Aquifer Recharge: well ID								\Box Uncased \Box G			
2. \Box Irrigat							12. Geothermal: how many bores?a) Closed Loop □ Horizontal □ Vertical					
	. Feedlot Air Sparge Soil Vapor						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? Yes 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:												
□ 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 ft. to ft., From ft., From 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 ft. to ft., From ft. to ft., From ft. to ft. to ft. to ft.												
Septic	-		ateral Line	es 🗌 Pit Privy		ΠLi	ivestock Pe	ens	☐ Insectici	de Storage		
Sewer			Cess Pool		igoon		uel Storage		Abandor			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well												
Other (Specify) Direction from well? ft.												
10 FROM	TO		ITHOLOG		FROM		ТО		HO. LOG (cont.) or I	PLUGGIN	G INTERVALS	
	+ +				+							
	+ +				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)												
Kansas Water Well Contractor's License No												
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.												
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 <u>http://www.kdheks.gov/waterwell/index.html</u> KSA 82a-1212												