

	_	RECORD		WWC-5		5657		sion of Wate			*** 11 *		
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction						Resources App. No.			Township Number Range Number				
1LOCATION OF WATER WELL: County:Fraction1/41/41/4						4 ¹ /4	Section NumberTownship NumberRange NumberTSR \Box E \Box W						
2 WELL		Last Name:		First:	r Rura	ral Address where well is located (if unknown, distance and							
								ection from nearest town or intersection): If at owner's address, check here:					
Address:												,	
Address:			Stata	710.									
City: 3 LOCAT	F WEI I		State:	ZIP:									
WITH "X" IN 4 DEPTH OF COMPLETED WELL:													
SECTIO	SECTION BOX: Depth(s) Groundwater Encountered: 1)									e:			
N	N 2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL:									WGS 84 🗌 NAD] NAD 27	
			☐ below land surface, measured on (mo-day-yr)							Latitude/Longitude: init make/model:)	
NW	NF		above land surface, measured on (mo-day-yr)							VAAS enabled?			
		Pump test d	Pump test data: Well water was ft.					□ Land Survey □ Topographic Map □ Online Mapper:			p		
w X	E	after	after hours pumping										
SW	SE	- f t - 1	Well water was ft.										
			after hours pumping gpi Estimated Yield:gpm					6 Elevation :			Grou	und Level 🔲 TOC	
	S		Bore Hole Diameter: in. to					and <u>Source</u> : Land Survey			GPS 🗆	Topographic Map	
1 n	nile		in. to					□ Other					
7 WELL WATER TO BE USED AS:													
1. Domestic:	: well ID												
	□ Household 6. □ Dewatering: how many wells?												
	Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well ID									l: how many bores			
2. 🗌 Irrigati	—									Loop 🗌 Horizonta			
_ 0	3. □ Feedlot □ Air Sparge □ Soil Vapor Ex							b) Open Loop Surface Discharge Inj. of Water					
4. 🗌 Industr	ial		Recovery				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													
										Glued Clamped			
Casing diameter in. to ft., Diameter in. to ft., Diameter ft.													
Casing height above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
		RATION OPE				useu (oper	1 11010)						
	nuous Slot	☐ Mill Slot		auze Wrap	ped 🗌 T	orch Cut	🗌 Dri	illed Holes		Other (Specify)			
		🗌 Key Puncl											
										ft., From			
										ft., From			
		ble contaminati		п., гюш	•••••	. 11. 10		II., FIOIII .	•••••	ft. to	11.		
Septic '			Lateral Line	s 🗆] Pit Privy		ΠL	livestock Per	ns	☐ Insectic	ide Stora	ige	
Sewer l	Lines		Cess Pool		Sewage L	agoon	🗆 F	Fuel Storage		Abando			
U Waterti	ight Sewer L	ines 🔲 S	Seepage Pit		Feedyard		🗆 F	Fertilizer Stor	rage	🗌 Oil Wel	l/Gas W	ell	
Direction from well? ft.													
10 FROM	TO		ITHOLO		ance from v	FRO				HO. LOG (cont.) or	PLUGG	ING INTERVALS	
IU PROM	10	1		310 100		TRO	IVI	10	LIII		I LUUU	INGINIERVALS	
						N T 4							
	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 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. 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.													
-		heks.gov/waterwel						,				KSA 82a-1212	