

M	_		RECORD		WWC-5 1062	L		on of Wate					
1							irces App. No.			Well ID			
I	County		ATER WEL	L:	$\begin{array}{c c} Fraction \\ \hline 1/4 & 1/4 & 1/4 \\ \hline 1/4 & 1/4 & 1/4 \\ \end{array}$			on Number Township Number Range Number T S R \Box E \Box			$\Box E \Box W$		
2		OWNER: 1	act Nama				Street or Rural Address where well is located						
4	Business:		Last Ivanie.					arest town or intersection): If at owner's address, check here:					
	Address:						iii iicui	00000000000000			5 4441 655,		
	Address:			States	710.								
2	City: LOCAT			State:	ZIP:								
3	WITH "				IPLETED WELL: ft.			5 Latitude:(decimal degrees)					
	SECTIO			Encountered: 1)			Longitude:						
	Ν	1			3) ft., or 4) [TED I EVEL			Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27					
				WELL'S STATIC WATER LEVEL: below land surface, measured on (mo-day-yr).						Latitude/Longitude:)	
	NW	NF		, measured on (mo-day-			□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)						
				Pump test data: Well water was ft.					□ Land Survey □ Topographic Map □ Online Mapper:				
W		X E	after	after hours pumping gpm									
	SW	SE	Well water was ft.										
				after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
		5		Bore Hole Diameter: in. to				Source: Land Survey GPS Topographic Map					
	1 n				in. to ft.			Other					
7	7 WELL WATER TO BE USED AS:												
	Domestic:				ter Supply: well ID								
				6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID				11. Test Hole: well ID					
	□ Lawn & □ Livesto			•	6	well ID							
	🗋 Erveste	al Remediation: well ID											
	Feedlo			Air Sparge				b) Open Loop \Box Surface Discharge \Box Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):													
W	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
	Water well disinfected? Yes No												
					C 🔲 Other								
	Casing diameter in. to ft., Diameter in. to ft., Diameter ft.												
	Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
1	□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)												
	□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)												
SC	SCREEN OR PERFORATION OPENINGS ARE:												
		uous Slot	☐ Mill Slot							Other (Specify)			
50					Vire Wrapped Sav						6 4	0	
SC					n ft. to n ft. to								
9					Cement grout \square Be								
					ft., From								
			le contaminatio					,					
	Septic '			ateral Line				estock Pe		Insection	U U		
	Sewer I			Cess Pool				el Storage		Abando			
	Other (ght Sewer Li Specify)	nes 🗆 S	eepage Pit	Feedyard		Fer	tilizer Sto	orage	🗌 Oil Wel	II/Gas well		
					Distance from we					ft.			
	FROM	TO		ITHOLOG		FROM				HO. LOG (cont.) or		G INTERVALS	
						+							
						1							
						1							
						Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well was a constructed and reconstructed and relevant													
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)													
Ka	ansas Wa	ter Well Co	ntractor's Lice	nse No	This Wa	ter Well F	lecord	l was con	nplet	ed on (mo-day-ye	ear)		
Kansas Water Well Contractor's License No													
	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.												
	-		eks.gov/waterwell		, ceology section, 10	Lo S IT JUCKS		20100 120,	- SPOR	,		SA 82a-1212	