

M			RECORD		WWC-5 1371	DIV	ision of Wat						
1	Original Record Correction Chang				e in Well Use Fraction	urces App. 1				nge Number			
T	County:				1/4 1/4 1/4			-			$\Box E \Box W$		
2	WELL OWNER: Last Name: Business: Address: Address:				First:	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:					, distance and		
	City:			State:	ZIP:								
3	LOCAT		4 DEPTH	OF COM	IPLETED WELL: .	LETED WELL: ft.			5 Latitude:(decimal degrees)				
	WITH " SECTIO		Depth(s) Gr	oundwater	Encountered: 1)	countered: 1) ft.			Longitude:(decimal degrees)				
	N			3) ft., or 4)				WGS 84 🗌 NAD					
					TER LEVEL:			Source for Latitude/Longitude:					
	NW			, measured on (mo-day- , measured on (mo-day-			\square GPS (unit make/model:) (WAAS enabled? \square Yes \square No)						
	INW	NE		ater was f		\Box Land Survey \Box Topographic Map				(0)			
W		E	after	s pumping			Online Mapper:						
	SW SE			Well water was ft. after pours pumping gpm									
						gpm	6 Elevation:ft. Ground Level TOC						
					gpm in. to		Source: Land Survey GPS Topographic Map						
	1 n	nile		in. to									
	7 WELL WATER TO BE USED AS:												
	Domestic:			ter Supply: well ID									
					g: how many wells? echarge: well ID		11. Test Hole: well ID						
	Livesto				g: well ID								
	☐ Irrigati			al Remediation: well II		12. Geothermal: how many bores?a) Closed Loop □ Horizontal □ Vertical							
	Feedlo			Air Sparge	e 🗌 Soil Vapor I	b) C	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:													
1	□ 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)												
sc	□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
50	SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. or ft. to ft. ft. to ft. ft. to ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.												
9	9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
					ft., From								
Ne	earest sou	rce of possit	le contaminati	o n:									
	Septic '			Lateral Line			Livestock P						
	□ Sewer I □ Waterti			Cess Pool Seenage Pit	☐ Sewage La ☐ Feedyard		Fuel Storage Fertilizer St		☐ Abando ☐ Oil Wel				
	Other (Specify)					i entilizer bi	oruge		1/Gus Well			
Di	rection fro			<u></u>	Distance from w	ell?							
10	FROM	TO	L	ITHOLOG	GIC LOG	FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G 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 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 <u>constructed</u> well. KS Department of Health and Environment, Burgau of Water, Goology Section, 1000 SW Jackson St., Suite 420, Tanaka, Kanege 6612, 1367, Talanhane 785, 206, 3565													
	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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212												
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