

|  |  | RECORD                           |   | WWC-5                | ,                                       | 4622           |  | sion of Wate                               |   |                                   |                              |                   |  |  |
|--|--|----------------------------------|---|----------------------|---|----------------|--|--|---|-----------------------------------|------------------------------|-------------------|--|--|
|  |  |                                  | ge in Well U                                  |                      | Resources App. N                        |                |  |  | Well ID   |                                   |                              |                   |  |  |
| 1 LOCATION OF WATER WELL:<br>County:   |  |                                  |   | Fraction             | 4 <sup>1</sup> /4                       | Section Number |  | er   |   |                                   | nge Number $\Box \to \Box W$ |                   |  |  |
| county.  |  |                                  |   |                      |   |                | $\begin{array}{c c c c c c c c c } \hline 14 & T & S & R & \Box E & \Box W \\ \hline treet or Rural Address where well is located (if unknown, distance and \\ \hline \end{array}$ |  |   |                                   |                              |                   |  |  |
|  |  |                                  |   |                      |   |                |  |  | rection from nearest town or intersection): If at owner's address, check here:      |                                   |                              |                   |  |  |
| Address:   |  |                                  |   |                      |   |                |  |  |   |                                   |                              |                   |  |  |
| Address:   |  |                                  |   |                      |   |                |  |  |   |                                   |                              |                   |  |  |
| City:     State:     ZIP:       3 LOCATE WELL     A DEPTH OF COMPLETED WELL     6     5 J (1)  |  |                                  |   |                      |   |                |  |  |   |                                   |                              |                   |  |  |
| WITH "X" IN 4 DEPTH OF COMI  |  |                                  |   |                      | PLETED WELL:                            |                |  |  |   |                                   |                              | (decimal degrees) |  |  |
| SECTION BOX. Depth(s) Groundwater En   |  |                                  |   |                      | Encountered: 1) ft.                     |                |  |  | Longitude:(decimal degrees)   |                                   |                              |                   |  |  |
| N  |  |                                  | 3) ft., or 4) $\Box$ Dry We                   |                      |   |                | Datum: 🗌 WGS 84 🔄 NAD 83 📄 NAD 27  |  |   |                                   |                              |                   |  |  |
|  |  |                                  | WELL'S STATIC WATER LEVEL:                    |                      |   |                |  |  |   | Latitude/Longitude                |                              | 、<br>、            |  |  |
| NW   | NE   |                                  | ☐ above land surface, measured on (mo-day-yr) |                      |   |                |  |  |   | unit make/model:<br>WAAS enabled? |                              |                   |  |  |
| 1N VV  | NE   |                                  | Pump test data: Well water was ft.            |                      |   |                |  | $\Box$ Land Survey $\Box$ Topographic Map  |   |                                   |                              |                   |  |  |
| w  | N E after  |                                  |   | hours pumping gr     |   |                |  |  |   | Mapper:                           |                              |                   |  |  |
| SW   | CW CE  |                                  |   | water was ft.        |   |                |  |  |   |                                   |                              |                   |  |  |
|  | <b>X</b> afterhou Estimated Yield:   |                                  |   | s pumping gpm        |   |                |  | 6 Elevation:ft.  Ground Level  TOC         |   |                                   |                              |                   |  |  |
|  |  |                                  |   |                      |   |                |  | Source:  Land Survey  GPS  Topographic Map |   |                                   |                              |                   |  |  |
| -  | 1 mile   |                                  |   |                      | . to                                    |                |  |  |   |                                   | Other                        |                   |  |  |
| 7 WELL WATER TO BE USED AS:  |  |                                  |   |                      |   |                |  |  |   |                                   |                              |                   |  |  |
| 1. Domestic: 5. 🗌 Public Water Supply: well ID   |  |                                  |   |                      |   |                |  |  |   |                                   |                              |                   |  |  |
| Household 6. Dewate  |  |                                  |   |                      |   |                |  |  |   | e: well ID                        |                              |                   |  |  |
|  | □ Lawn & Garden 7. □ Aquifer F   |                                  |   |                      |   |                |  |  |   | Uncased 0                         |                              |                   |  |  |
| 2.  Irrigati   | Livestock8. Monitoring: well IDIrrigation9. Environmental Remediation: well ID |                                  |   |                      |   |                |  |  |   | al: how many bores                |                              |                   |  |  |
| 3. $\Box$ Feedlot  |  |                                  |   |                      |   |                |  |  | a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water |                                   |                              |                   |  |  |
| 4. 🗌 Industr   |  | Injection                        |   | 13. Other (specify): |   |                |  |  |   |                                   |                              |                   |  |  |
| 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? Ves 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)<br>SCREEN OR PERFORATION OPENINGS ARE:  |  |                                  |   |                      |   |                |  |  |   |                                   |                              |                   |  |  |
|  | uous Slot  | ☐ Mill Slot                      |   | auze Wrap            | ped 🗆 T                                 | orch Cut       | □ Dr   | illed Holes                                |   | Other (Specify)                   |                              |                   |  |  |
|  |  | Key Punc                         | hed 🗌 W                                       | /ire Wrapp           | ed $\square$ S                          |                |  | one (Open H                                |   |                                   |                              |                   |  |  |
|  |  |                                  |   |                      |   |                |  |  |   | ft., From                         |                              |                   |  |  |
|  |  |                                  |   |                      |   |                |  |  |   | ft., From                         |                              |                   |  |  |
|  |  |                                  |   |                      |   |                |  |  |   |                                   |                              |                   |  |  |
|  |  | it. to<br><b>le contaminat</b> i |   | ft., From            |   | . It. to       | •••••  | ft., From                                  |   | ft. to                            | It.                          |                   |  |  |
|  |  |                                  | Lateral Line                                  | es [                 | Pit Privv                               |                |  | Livestock Pe                               | ns  | ☐ Insectio                        | cide Storag                  | e                 |  |  |
| Sewer I  |  |                                  | Cess Pool                                     |                      | Sewage L                                | agoon          |  | Fuel Storage                               |   | Abando                            |                              |                   |  |  |
| 🗌 Waterti  | ght Sewer Li   | nes 🔲                            | Seepage Pit                                   | : C                  | ] Pit Privy<br>] Sewage L<br>] Feedyard | -              | 🗆 I  | Fertilizer Sto                             | rage  | 🗌 Oil We                          | ll/Gas Wel                   | 1                 |  |  |
|  |  |                                  |   |                      |   | • • • • • •    |  |  |   | c                                 |                              |                   |  |  |
| 10 FROM  | m well?<br>TO  |                                  | LITHOLO                                       |                      | ance from v                             | FRC            |  |  |   | ft.<br>HO. LOG (cont.) or         |                              | IC INTEDVALS      |  |  |
| IU FROM  | 10   | 1                                |   | GIULUG               |   |                |  | 10   |   | HO. LOG (colit.) of               | PLUGGII                      | NO 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 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.<br>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/waterwel                 |   |                      |   |                |  | ,  | . r -   |                                   |                              | SA 82a-1212       |  |  |