

| | _ | RECORD | | WWC-5 | | 5097 | | sion of Wate | | | XX / 11 TT | | | |
|---|--|-------------------|--|--------------|---------------|-------------------|---------------------------------|-------------------------------|--|-----------------------|---------------------------------|-------------------|--|--|
| Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction | | | | | | | Resources Ap | | | | | | | |
| $\begin{array}{c c} I & LOCATION OF WATER WELL: \\ County: & \frac{1}{4} & \frac{1}{4} & \frac{1}{4} \end{array}$ | | | | | | 4 ¹ /4 | | | | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance) | | | | | | | | | | | | | | |
| | Business: dire | | | | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: Address: | | | | | | | | | | | | | | |
| | City: State: ZIP: | | | | | | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | | | | |
| | WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | | | |
| | CCTION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box | | | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | | | | | | | | |
| | | | below land surface, measured on (mo-day-yr) | | | | | | | unit make/model: | |) | | |
| NW | NE | above l | | | | | | | Ċ | WAAS enabled? | Yes |] No) | | |
| | Pump test data: Well water was | | | | | | □ Land Survey □ Topographic Map | | | | | | | |
| W | E | after | after hours pumping gp Well water was ft. | | | | | □ Online Mapper: | | | | | | |
| SW | SE | after | after hours pumping | | | | | | | | | | | |
| | | | Estimated Yield:gpm | | | | | 6 Elevation:ft. Ground Level | | | | | | |
| | S | Bore Hole I | Bore Hole Diameter: in. to | | | | | | | | Land Survey GPS Topographic Map | | | |
| 1 r | | | in. to | | | | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | | |
| | 1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | | | | | | | | |
| | Household6. Dewatering: how many wells?Lawn & Garden7. Aquifer Recharge: well ID | | | | | | | | | | | | | |
| | | | | | | | | | | al: how many bores | | | | |
| 2. 🗍 Irrigati | — | | | | | | | | | Loop 🗌 Horizonta | | | | |
| 3. 🗌 Feedlo | . 🗌 Feedlot 🗌 Air Sparge 🗌 Soil Vapor Ex | | | | | | | | | Loop 🗌 Surface Dis | | | | |
| 4. \Box Industrial \Box Recovery \Box Injection13. | | | | | | | | | | 13. | | | | |
| 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 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ☐ Brass | | | | | | | | | | | | | | |
| SCREEN C | SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | |
| | nuous Slot | ☐ Mill Slot | | auze Wrapj | | | | | | Other (Specify) | | | | |
| | | Key Puncl | | | | | | | | | c | | | |
| | | | | | | | | | | ft., From | | | | |
| | | | | | | | | | | ft., From | | | | |
| | | | | | | | | | | ft. to | | | | |
| | | ble contaminati | | , | | | | ,, | | | | | | |
| Septic 2 | | | Lateral Line | es 🗌 | Pit Privy | | | Livestock Pe | | Insectic | | | | |
| | | | Cess Pool | | Sewage L | agoon | | Fuel Storage | | Abando | | | | |
| | ight Sewer L | ines 🗌 S | Seepage Pit | L | Feedyard | | Πŀ | Fertilizer Sto | orage | 🗌 Oil Wel | I/Gas We | ll | | |
| Other (Specify) Direction from well? ft. | | | | | | | | | | | | | | |
| 10 FROM | ТО | | ITHOLO | | | FRO | | | | HO. LOG (cont.) or | PLUGG | ING INTERVALS | | |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged | | | | | | | | | | | | | | |
| under my ju | 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 | | | | | | | | | | | | | |
| KS Departr | nent of Health | and Environment | , Bureau of V | Vater, Geolo | gy Section, 1 | 000 SW Jac | ckson S | St., Suite 420, | Торе | ka, Kansas 66612-136' | 7. Teleph | one 785-296-3565. | | |
| Visit us at h | ttp://www.kdl | neks.gov/waterwel | l/index.html | | | | | | | |] | KSA 82a-1212 | | |