

	_	RECORD		WWC-5	,	3440		sion of Wate			XX7 11 T		
Original Record       Correction       Change in Well Use         1       LOCATION OF WATER WELL:       Fraction							Resources App. No Section Number			Well ID           Township Number         Range Number			
$\begin{array}{c c} 1 & \text{LOCATION OF WATER WELL:} \\ \hline \\ County: & 1/4 & 1/4 & 1/4 \end{array}$						/4 <sup>1</sup> /4							
2 WELL OWNER: Last Name: First: Street or Rural Addre													
								irection from nearest town or intersection): If at owner's address, check here:					
Address:	Address: Address:												
City: State: ZIP:													
3 LOCATE WELL													
	WITH "X" IN 4 DEPTH OF COMPLETED WELL:												
	<b>SECTION BOX:</b> Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) $\Box$												
N	N		WELL'S STATIC WATER LEVEL:							WGS 84 ∐ NAL Latitude/Longitude:		INAD 27	
			below land surface, measured on (mo-day-yr							unit make/model:		)	
NW	NE	🔲 above l	above land surface, measured on (mo-day-yr)					······ (WAAS enabled? ☐ Yes ☐ No)					
X I		-	Pump test data: Well water was ft.					Land Survey 🔲 Topographic Map				ιp	
W	E	after	after hours pumping						nline	e Mapper:			
SW	SE	after	Well water was ft. after hours pumping gp										
			Estimated Yield:gpm					6 Eleva	6 Elevation:ft.  Ground Level  TOC				
	S		Bore Hole Diameter: in. to				and <u>Source</u> : Land Survey GPS						
1 r	1		in. to										
7 WELL	WATER T	O BE USED A	AS:										
1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> </ul>													
Housel			6. Dewatering: how many wells?						t Hole: well ID				
						well ID				Uncased C al: how many bores			
2. $\Box$ Irrigati	Ξ ε									Loop 🗌 Horizonta			
3. G Feedlo										Loop  Surface Dis			
	4. Industrial Recovery Injection							13. Other (specify):					
Was a cher	Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:												
		? 🗆 Yes 🗖				🗋							
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		inless Steel	☐ Fibeı	U U	$\square$ PVC	17	1 1 \		ier (S	Specify)			
	☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
	nuous Slot	Mill Slot		auze Wrap	ned □T	orch Cut	□ Dr	illed Holes		Other (Specify)			
		☐ Key Puncl											
										ft., From	ft	. to ft.	
										ft., From			
9 GROUT	MATERI	AL: 🗌 Neat of	cement	] Cement g	rout 🗌 B	entonite	Ot	ther					
				ft., From		. ft. to	•••••	ft., From	•••••	ft. to	ft.		
		ole contaminati			T D:4 D.:		Пτ	inner als De		<b>T I I I I I I I I I I</b>	: J. C		
Septic '			Lateral Line Cess Pool	28 L	] Pit Privy ] Sewage L	agoon		Livestock Pe Fuel Storage		☐ Insectic ☐ Abando			
		ines	Seepage Pit	: Г	Feedyard	agoon		Fertilizer Sto	orage	☐ Oil Wel			
Other (	Specify)										in ous fi	•	
Direction fro				Dist		vell?				ft.			
10 FROM	TO	I	LITHOLO	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGC	JING INTERVALS	
						_							
						Note	s:						
						1,010							
11 CONT	RACTOR'	S OR LAND	OWNER'	S CERTI	FICATIO	N: This	water	well was		onstructed, 🗌 reco	nstructe	ed, or 🗌 plugged	
under my ju	urisdiction a	and was compl	leted on (n	no-day-ye	ar)		and th	his record i	is tru	e to the best of my	y knowl	ledge and belief.	
Kansas Wa	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.													
-		eks.gov/waterwel										KSA 82a-1212	