

	_	RECORD		WWC-5	,	6987		sion of Wate						
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction								ces App. No. on Number Township Numb			Well ID Range Number			
$\begin{array}{c c} I & LOCATION OF WATEK WELL: \\ County: & 1/4 & 1/4 \\ \end{array}$						4 1/4	$\begin{array}{c c c c c c c c c c c c c c c c c c c $							
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and														
	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:													
	ION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box													
I I	N 2) II. 3) II., 01 4) WELL'S STATIC WATER LEVEL:													
			below land surface, measured on (mo-day-yr							unit make/model:)		
NW	NE		above land surface, measured on (mo-day-yr)] No)			
		- c.	Pump test data: Well water was ft.							Survey 🔲 Topogra				
W	E	after	after hours pumping						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								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?													
	Lawn & Garden 7. Aquifer Recharge: well ID									ed 🗌 Uncased 🔲 Geotechnical				
										al: how many bores				
2. 🗍 Irrigati	— 5									Loop 🗌 Horizonta				
3. 🗌 Feedlo	B. \Box Feedlot \Box Air Sparge \Box Soil Vapor Ex							b) Open Loop 🔲 Surface Discharge 📋 Inj. of Water						
4. \Box Industrial \Box Recovery \Box Injection13.										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														
☐ Brass														
SCREEN C	SCREEN OR PERFORATION OPENINGS ARE:													
	nuous Slot	☐ Mill Slot		auze Wrap						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			Fertilizer Sto	orage	🗌 Oil Wel	I/Gas We	211		
Other (Specify) Direction from well? ft.														
10 FROM	TO		ITHOLO			FRO				HO. LOG (cont.) or		ING INTERVALS		
						_								
	ļ					Note	s:							
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	Water, Geolo	ogy Section, 1	000 SW Ja	ckson S	St., Suite 420,	Торе	ka, Kansas 66612-136'	7. Teleph	one 785-296-3565.		
Visit us at h	ttp://www.kd	heks.gov/waterwel	l/index.html]	KSA 82a-1212		