

| W | _ | | RECORD | - | WWC-5 1317 e in Well Use | | | ion of Wate | | | Well ID | | |
|--|--|--|---------------------------------------|---|---|--|--------------------------------------|---|---|------------------------|---|--------------|--|
| 1 | Original Record Correction Chang | | | Fraction | | Resources App. No. Section Number | | | | | ige Number | | |
| T | County: | | | | $\frac{1}{1/4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | T S | | | $\begin{array}{c} R \Box \ E \ \Box \ W \end{array}$ | | |
| 2 | | OWNER: | | | reet or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| - | Business: | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| | Address: | | | | | | | | , | , | | | |
| | Address: | | | State: | ZIP: | | | | | | | | |
| 3 | City: LOCAT | | | State. | ZIP: | | | | | | | | |
| 5 | WITH " | | | IPLETED WELL: | | ft. | 5 Latitude :(decimal degrees) | | | | | | |
| | SECTIO | | | Encountered: 1) | | Longitude: | | | | | | | |
| | Ν | | | 3) ft., or 4) | | 11 | Datum: 🗌 WGS 84 🔄 NAD 83 📄 NAD 27 | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | | | | Latitude/Longitude: | | 、 、 | |
| | NW | | | r) | | □ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) | | | | | | | |
| | IN W | INE | | | : Well water was ft. | | | | □ Land Survey □ Topographic Map | | | | |
| W | | E | ~ | | pumping | | | ☐ Online Mapper: | | | | | |
| | SW | SE | | | ater was | | | | | | | | |
| | 3,4, | 3E | | | pumping | . gpm | | | | | | | |
| | | S | Estimated Y | gpm in. to | ft and | Source: Land Survey GPS Topographic Map | | | | | | | |
| | ، l1 n | | in. to | | | | | | | | | | |
| 7 | 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | Domestic: | | | | | | | | | | | | |
| | House | | | | | | | | | | | | |
| | _ | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | | | Uncased Ge | | | |
| | | Livestock 8. Monitoring: well ID | | | | | | | | al: how many bores? | | | |
| | □ Irrigation 9. Environmental Remediation: well ID | | | | | | •••• | | | | | | |
| | ☐ Feedlo | | | □ Air Sparge □ Soil Vapor Ext □ Recovery □ Injection | | | | b) Open Loop Surface Discharge Inj. of Water 13. Other (specify): | | | | | |
| | | | | | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted: | | | | | | | | | | | | |
| | | | | | C D Other | C/ | SIM | C IONTS | <u>. </u> | Clued Clemned | Walda | d 🗖 Threadad | |
| 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) | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | |
| □ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | | | | | |
| 50 | | | | | \square Same in \square S | | | ` I | | ft Erom | ft to | ft | |
| 50 | | | | | n ft. to | | | | | | | | |
| 9 | | | | | Cement grout \square B | | | | | | | | |
| | | | | | . ft., From | | | | | | | | |
| | | | ole contaminati | | , | | | , | | | | | |
| | Septic 7 | Tank – | 🗆 I | Lateral Line | s 🗌 Pit Privy | | | ivestock Pe | | Insectició | | | |
| | Sewer I | Lines | | Cess Pool | Sewage La | agoon | \Box F | uel Storage | e | Abandon | | Well | |
| | ∐ Waterti | ght Sewer L | ines \Box S | eepage Pit | Sewage La | | ΠĿ | ertilizer Sto | orage | 🗌 Oil Well/ | Gas Well | | |
| ы | \Box Other (| m well? | | ••••• | Distance from w | vell? | | | | ft | | | |
| | FROM | TO | | ITHOLOG | | FRON | | | | HO. LOG (cont.) or P | LUGGIN | G INTERVALS | |
| 10 | | | | | | 1101 | | | | | 0111 | | |
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| | | | | | | 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 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. | | | | | | | | | | | | | |
| | - | | and Environment, neks.gov/waterwel | | vater, Geology Section, I | UUU SW Jack | cson Si | i., Suite 420, | , 10pe | ka, Kansas 00012-1367. | | SA 82a-1212 | |
| | • 1511 us at <u>11</u> | цр.// w w w.кu | iero.gov/waterwer | muer.muill | | | | | | | 17 | 11 02u 1212 | |