

W	_		RECORD	-	WWC-5 1303			sion of Wate		W	Vell ID		
1		Original Record Correction Change in Well Use					Resources App. 1 Section Numb						
_	County		1/4 1/4 1/4	4 ¹ ⁄4	¹ /4 T				S R \Box E \Box W				
2	WELL Business: Address: Address: City:	OWNER:	Last Name:	State:	First: ZIP:		treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here:						
3	LOCAT	E WELL				ft 5 Latituda.							
		4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)						5 Latitude:(decimal degrees) Longitude:(decimal degrees)					
W	SECTIO N NW SW	N NE E	2) WELL'S ST below 1 above 1 Pump test d after	ft. 3 TATIC WA' and surface, and surface, ata: Well w hours Well w				Datum: 🗌 WGS 84 📄 NAD 83 📄 NAD 27 <u>Source for Latitude/Longitude</u> : 📄 GPS (unit make/model:) (WAAS enabled? 🗌 Yes 📄 No) 📄 Land Survey 📄 Topographic Map 📄 Online Mapper:					
			Estimated Y	Estimated Yield:gpm					6 Elevation:ft. □ Ground Level □ TOC <u>Source</u> : □ Land Survey □ GPS □ Topographic Map □ Other				
					in. to ft. and			Sourc					
	1 mile in. to ft. Uother												
1. 2. 3.	WELL Domestic: Housel Lawn Livesto Frigati Feedlo	nold & Garden ock on t	5. Public Water Supply: well ID 6. Dewatering: how many wells? n 7. Aquifer Recharge: well ID 8. Monitoring: well ID 9. Environmental Remediation: well ID air Sparge Soil Vapor Extra					 10. Oil Field Water Supply: lease 11. Test Hole: well ID Cased Ducased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Horizontal Vertical 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	ACIN		·		Waldad	Threaded	
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. to in. Weight lbs./ft. Wall thickness or gauge No. ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. ft. TYPE OF SCREEN OR PERFORATION MATERIAL:													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Grout Intervals: From													
	FROM	ТО		ITHOLOG		FRO				HO. LOG (cont.) or PL	UGGINO	GINTERVALS	
										× /			
						Notes							
un Ka	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. 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		, , , , , , , , , , , , , , , , ,					,		A 82a-1212	