

|   |  | RECORD            |   | WWC-5     |                           | 7661                              |  | sion of Wate                    |  |                                 | <b>X</b> 7 11 T |                 |  |  |
|---|--|-------------------|---|-----------|---------------------------|-----------------------------------|--|---------------------------------|--|---------------------------------|-----------------|-----------------|--|--|
| Original Record       Correction       Change in Well Use         1       LOCATION OF WATER WELL:       Fraction  |  |                   |   |           | ſ                         | Resources App. No. Section Number |  |                                 | Well ID           Township Number         Range Number                         |                                 |                 |                 |  |  |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$   |  |                   |   |           |                           |                                   | $\begin{array}{c c} 1 \\ 1 \\ 1 \\ 4 \end{array} \qquad \begin{array}{c c} T \\ T \\ S \\ R \\ \Box \\ E \\ \Box \\ W \end{array}$ |                                 |  |                                 |                 |                 |  |  |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and   |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| Business:   | Gire   |                   |   |           |                           |                                   |  |                                 | rection from nearest town or intersection): If at owner's address, check here: |                                 |                 |                 |  |  |
| Address:<br>Address:  |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| City:   |  | State:            | ZIP:  |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| 3 LOCATI  | E WELL   |                   |   |           |                           |                                   | 6  |                                 | _  |                                 |                 |                 |  |  |
|   | 4 DEPTH OF COMPLETED WELL:<br>Depth(s) Groundwater Encountered: 1)   |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   | CHONBOX: $(1, 2)$ ft 2) ft or 4)   |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| N   | N 22 II. 35 II., 61 47   |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   | below land surface, measured on (mo-day-yr      |           |                           |                                   |  | GPS (unit make/model:)          |  |                                 |                 |                 |  |  |
| NW  | NE   | above l           | above land surface, measured on (mo-day-yr      |           |                           |                                   |  | (WAAS enabled? ☐ Yes ☐ No)      |  |                                 |                 |                 |  |  |
|   |  | -                 | Pump test data: Well water was ft.              |           |                           |                                   |  | □ Land Survey □ Topographic Map |  |                                 |                 | p               |  |  |
| W   | E  | after             | after hours pumping                             |           |                           |                                   |  |                                 | nline  | e Mapper:                       |                 |                 |  |  |
| SW  | SE   | after             | Well water wasft.           after hours pumping |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   | Estimated Yield:gpm                             |           |                           |                                   |  | 6 Elevation:ft.  Ground Level   |  |                                 |                 | und Level 🔲 TOC |  |  |
|   | 5  |                   | Bore Hole Diameter: in. to                      |           |                           |                                   | ft. and Source:  |                                 |  | Land Survey GPS Topographic Map |                 |                 |  |  |
| 1 m   |  |                   | in. to ft.                                      |           |                           |                                   | □ Other  |                                 |  |                                 |                 |                 |  |  |
| 7 WELL WATER TO BE USED AS:   |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| 1. Domestic:  | : well ID  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   | ☐ Household 6. ☐ Dewatering: how many wells?   |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   | Lawn & Garden 7. Aquifer Recharge: well ID   |                   |   |           |                           |                                   |  |                                 |  | al: how many bores              |                 |                 |  |  |
| 2.  Irrigatio   | Livestock       8. Monitoring: well ID         Irrigation       9. Environmental Remediation: well ID  |                   |   |           |                           |                                   |  |                                 |  | Loop $\Box$ Horizonta           |                 |                 |  |  |
| _ 0   | 3. □ Feedlot   |                   |   |           |                           |                                   |  |                                 |  | Loop Surface Dis                |                 |                 |  |  |
| 4. Industrial Recovery Injection  |  |                   |   |           |                           |                                   |  | 13. Other (specify):            |  |                                 |                 |                 |  |  |
| Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted:  |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  | ? 🗆 Yes 🗖         |   |           | <b>_</b> _                |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   | C 🗌 Othe  | r                         | C.                                | ASIN   | G JOINTS                        | : 🗆  | Glued Clamped                   | 🗌 Wel           | ded 🗌 Threaded  |  |  |
|   |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.<br>Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No           |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   | TYPE OF SCREEN OR PERFORATION MATERIAL:  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| □ Steel   |  | inless Steel      | ☐ Fibeı   | 0         | $\square$ PVC             | 1 /                               |  |                                 | ner (S   | Specify)                        | •••••           |                 |  |  |
| Brass Galvanized Steel Concrete tile None used (open hole)  |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  | ☐ Key Puncl       |   |           |                           |                                   |  |                                 |  |                                 | ••••            |                 |  |  |
|   |  |                   |   |           |                           |                                   |  |                                 |  | ft., From                       | ft.             | to ft.          |  |  |
|   |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. o ft. o ft. o ft. ft. to ft. to ft. ft. to ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   | ft., From |                           | . ft. to                          |  | ft., From                       | •••••  | ft. to                          | ft.             |                 |  |  |
|   |  | ole contaminati   |   | _         |                           |                                   | — <b>·</b>   |                                 |  |                                 | .1 .0.          |                 |  |  |
|   |  |                   | Lateral Line                                    | es L      | ] Pit Privy               |                                   |  | livestock Pe<br>Fuel Storage    |  | ☐ Insectic<br>☐ Abando          |                 |                 |  |  |
| Sewer I   |  | ines              | Cess Pool<br>Seenage Pit                        |           | ] Sewage La<br>] Feedyard | agoon                             |  | Fertilizer Sto                  | rage   |                                 |                 |                 |  |  |
| Other (   | Specify)   | ·····             |   | <b>ــ</b> |                           |                                   |  | ertilizer bto                   | iugo   |                                 | li/Ous W        |                 |  |  |
|   |  |                   |   | Dist      |                           |                                   | <u></u>  |                                 |  | ft.                             |                 |                 |  |  |
| 10 FROM   | TO   | Ι                 | ITHOLO  | GIC LOG   |                           | FRO                               | М  | TO                              | LIT  | HO. LOG (cont.) or              | PLUGG           | ING INTERVALS   |  |  |
|   |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   |           |                           | _                                 |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   |           |                           | _                                 |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   |           |                           | Notes                             | •  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   |           |                           | THOLES                            | •  |                                 |  |                                 |                 |                 |  |  |
|   |  |                   |   |           |                           | _                                 |  |                                 |  |                                 |                 |                 |  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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  |  |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| KS Departm  | Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.<br>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. |                   |   |           |                           |                                   |  |                                 |  |                                 |                 |                 |  |  |
| -   |  | neks.gov/waterwel |   |           | <i>c, _ ceaon</i> , 1     |                                   |  | ., 120,                         | - °PC  |                                 |                 | KSA 82a-1212    |  |  |