

WATER W			Form		5	9097		sion of Wate			Well II		
Original Record Correction Change in 1 LOCATION OF WATER WELL: Fraction					Fraction			Resources App. No. Section Number		Township Number		ange Number	
County: 1/4 1/4 1/4						4 1/4	$1/4$ T S R \square E \square W						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and													
Business:			irection from nearest town or intersection): If at owner's address, check here:										
Address: Address:													
City: State: ZIP:													
3 LOCATE W							_						
	WITH "X" IN 4 DEPTH OF COMPLETED WELL:												
SECTION B	(1) (1)							Longi	itud	e:	·····	(decimal degrees)	
Ν	N 2) It. 3) It., of 4)									WGS 84 INAL Latitude/Longitude:		NAD 27	
		below land surface, measured on (mo-day-yr								unit make/model:)	
NW N	VE	above la	above land surface, measured on (mo-day-yr							WAAS enabled?			
		-	Pump test data: Well water was ft.						and S	Survey 🗌 Topogra	phic Map	,	
W	E	after hours pumping							nline	e Mapper:			
SW S	SE	Well water wasft. after hours pumping											
	ł	Estimated Yield:gpm								n :ft. 🔲 Ground Level 🔲 TOC			
S	<u> </u>		Bore Hole Diameter: in. to				and <u>Source</u> : Land Survey GPS Topo						
1 mile			in. to										
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												
										al: how many bores			
2. Irrigation										Loop Horizont			
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:													
Water well disinfected? \Box Yes \Box No													
										Glued Clamped			
	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													
☐ Steel	TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify)												
		anized Steel		0		used (open	hole)			specify)		•••••	
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:													
Continuou		☐ Mill Slot		auze Wrap	oped 🗌 T	orch Cut	🗌 Dr	illed Holes		Other (Specify)			
		🗌 Key Punch						one (Open H	,				
										ft., From			
										ft., From			
										С. <i>и</i>			
Nearest source of				It., From	1	. It. to	•••••	It., From	•••••	ft. to	It.		
Septic Tank			Lateral Line	es [] Pit Privy		ΠI	Livestock Pe	ns	☐ Insectic	ide Stora	ge	
Sewer Line			Cess Pool		Sewage L	agoon	🗆 F	Fuel Storage		Abando			
U Watertight	Sewer Li	nes 🗆 S	Seepage Pit	. [Feedyard		🗆 F	Fertilizer Sto	rage	Oil We	ll/Gas We	2ll	
Other (Specify) Direction from well? ft.													
	TO		ITHOLO			FRO				π. HO. LOG (cont.) or		ING INTERVALS	
	10	L				TRO	VI	10			11000	NO INTERVALS	
└───													
├	Notes:												
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 Department	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.												
Visit us at http://					- 57 500000, 1				- opt			KSA 82a-1212	