

M			ECORD		WWC-5 1361			ion of Wate					
	Original Record Correction Change in Well U LOCATION OF WATER WELL: Fraction					Resources App. N Section Number			1				
I	County		ATER WEL	L:	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		on Numbe	er	Township Number T S	er Rai	$\Box E \Box W$		
2		OWNER: 1	ast Nama:		First:		reet or Rural Address where well is located (if unknown, dis						
4	Business:		ast Ivanie.		11150.	direction from nearest town or intersection): If at owner's address, check here:							
	Address:										,		
	Address:		States	710.									
3	City: LOCAT			State:	ZIP:								
3	WITH "					PLETED WELL: ft.			5 Latitude:(decimal degrees)				
	SECTIO			Encountered: 1)				Longitude:					
	2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL:									WGS 84 🗌 NAD		NAD 27	
								Source for Latitude/Longitude:					
	NW	- ME	 □ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr) 					(WAAS enabled? ☐ Yes ☐ No)					
	1			Pump test data: Well water was ft.					□ Land Survey □ Topographic Map				
W		E	after hours pumping gpm					Online Mapper:					
	SW	SE	- (Well water was ft.									
		1		after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
		S		Bore Hole Diameter: in. to				Source: 🗌 Land Survey 🔲 GPS 🔲 Topographic Map					
	1 n	nile		in. to		. ft. 🗌 Other			Other	ther			
7 WELL WATER TO BE USED AS:													
	Domestic:			Public Water Supply: well ID				10. Oil Field Water Supply: lease					
				6. Dewatering: how many wells?				11. Test Hole: well ID					
	Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well ID												
	🗋 Erveste			al Remediation: well II					Loop Horizonta				
	Feedlo			Air Sparge				b) Open Loop 🗌 Surface Discharge 🗌 Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):													
	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
			Yes										
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to ft., Diameter in. to ft., Diameter ft.													
	Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
1	□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)												
	□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)												
SC	SCREEN OR PERFORATION OPENINGS ARE:												
		uous Slot	☐ Mill Slot							Other (Specify)	•••••		
0.0								ne (Open H			C	C.	
30					n ft. to n ft. to								
9					Cement grout \square Be								
					ft., From								
			le contaminatio					,					
	Septic '			ateral Line				ivestock Pe		Insection			
	Sewer I			Cess Pool	□ Sewage La	igoon		uel Storage		Abando			
	\square waterti \square Other (gnt Sewer Li Specify)	nes 🗆 S	eepage Pit	☐ Feedyard			ertilizer Sto	orage	🗌 Oil Wel	ii/Gas well		
					Distance from w					ft.			
10	FROM	TO	L	ITHOLOG	GIC LOG	FROM	Λ	TO	LITI	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS	
						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 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/waterwell		,, Section, 10				- 1 - 1	,		SA 82a-1212	