

| M | | | ECORD | | WWC-5 1354 | | | ion of Wat | | | | | |
|--|--|------------------|---|---------------------------------------|-------------------------------|--|--|--|---|----------------------------|---------------------------|----------------|--|
| | | Record | | | | urces App. No. | | | Well ID | | | | |
| I | County | | ATER WEL | Fraction 1/4 1/4 1/4 | 1/4 | Section Number | | er | Township NumberRange NumTSRE | | ge Number $\Box E \Box W$ | | |
| 2 | í | OWNER: 1 | ast Nama | | | | reet or Rural Address where well is located (if unknown, d | | | | | | |
| 4 | Business: | | ast manie. | | | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| | Address: | | | | | uncention | | | | | 5 uuu 055, 1 | | |
| | Address: | | States | 710. | | | | | | | | | |
| 3 | City: LOCAT | FWFII | | State: | ZIP: | | | | | | | | |
| 5 | WITH " | | | | IPLETED WELL: ft. | | | 5 Latitude:(decimal degrees) | | | | | |
| | SECTIO | | | Encountered: 1) | | | | Longitude:(decimal degrees) | | | | | |
| | Ν | 1 | | | 3) ft., or 4) [TED I EVEL | | 11 | | | WGS 84 INAD | 83 🗌 N | AD 27 | |
|] | X | | WELL'S STATIC WATER LEVEL: ft | | | | | Source for Latitude/Longitude: GPS (unit make/model:) (WAAS enabled? 	Ves 	No) Land Survey 	Topographic Map | | | | | |
| | NW | NF | above land surface, measured on (mo-day-yr) | | | | | | | | | | |
| | | | Pump test data: Well water was ft. | | | | | | | | | | |
| W | | E | after | after hours pumping gpm | | | | | Online Mapper: | | | | |
| | SW | SE | Well water was ft. | | | | | | | | | | |
| | | | | after hours pumping | | | | 6 Eleva | ation | :ft. 🔲 Ground Level 🔲 TOC | | | |
| | | 5 | | | 01 | in. to ft. and | | | | Land Survey G | | | |
| | 1 n | nile | | in. to | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| | Domestic: | | | | ter Supply: well ID | | | | | | | | |
| | Housel | | | 6. \Box Dewatering: how many wells? | | | | | 11. Test Hole: well ID | | | | |
| | 🗌 Lawn & | echarge: well ID | | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | | | | | |
| | Livesto | | | g: well ID al Remediation: well ID | | | | | | | | | |
| | ☐ Ingati ☐ Feedlo | |). Li | | Soil Vapor Extraction | | | | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | |
| | Industr | | | Recovery | Injection | | 13. \Box Other (specify): | | | | | | |
| W | Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| | | | Y □ Yes □] | | | | | J , | | r · · · · · · · · · · · · | | | |
| 8 | TYPE O | F CASING | USED: | teel 🗌 PV | C 🔲 Other | CA | ASING | G JOINTS | S: 🗆 | Glued Clamped | U Welded | 1 🗌 Threaded | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | |
| | | uous Slot | ☐ Mill Slot | | | rch Cut | 🗌 Dri | lled Holes | | Other (Specify) | | | |
| | | | | | | | | ne (Open H | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. to ft. to ft. | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft. | | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From ft. to | | | | | | | | | | | | | |
| | | | le contaminati | | . It., From | It. to | ••••• | It., From | | It. to | It. | | |
| | Septic ' | - | | ateral Line | s 🗌 Pit Privy | | ΠL | ivestock Pe | ens | 🗌 Insectici | de Storage | | |
| | Sewer l | Lines | | Cess Pool | Sewage Lag | goon | | uel Storage | | Abandor | | | |
| | | | | | Feedyard | | 🗆 Fe | ertilizer Sto | orage | 🗌 Oil Well | /Gas Well | | |
| | | | | | D: | | | | | C | | | |
| | FROM | TO TO | | ITHOLO | Distance from we | FRON | 1 | ТО | | π. HO. LOG (cont.) or I | PLUGGIN | GINTERVALS | |
| 10 | TROM | 10 | L | molot | | IROP | VI | 10 | LII | | LUGOIN | SHTERTES | |
| | | | | | | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | NT - 4 | | | | | | | |
| | 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. | | | | | | | | | | | | 2785-296-3565. | |
| | - | | eks.gov/waterwell | | | | | | r | | - | SA 82a-1212 | |