

| | · · · | RECORD | - | WWC-5 | | 3648 | | sion of Wate | | | Well II | | |
|--|--|---|---|------------|-------------|--------------------|---|---|----------------|------------------------|-------------|-------------------|--|
| Original Record Correction Change in Well 1 LOCATION OF WATER WELL: Fraction | | | | | | | Resources A | | | Township Numb | ange Number | | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | /4 ¹ /4 | Section NumberTownship NumberRange Number $\frac{1}{4}$ TSREW | | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance) | | | | | | | | | | | | | |
| Business: | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | Address: Address: | | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | | | |
| 3 LOCAT | E WELL | | | | | l | 2 | | | | | | |
| | WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box | | | | | | | Longi | itud | e: | ····· | (decimal degrees) | |
| 1 | N 22 II. 33 II., 61 4) | | | | | | | | | | | NAD 27 | |
| | | | below land surface, measured on (mo-day-yr) | | | | | | | unit make/model: | |) | |
| NW | NE | above land surface, measured on (mo-day-yr) | | | | | | | | WAAS enabled? | | | |
| | | Pump test data: Well water was ft. | | | | | | Land Survey Topographic Map | | |) | | |
| W | E | after | after hours pumping | | | | | | Online Mapper: | | | | |
| sw X | SE | Well water was ft. after hours pumping gpn | | | | | | | | | | | |
| X | | Estimated Yield:gpm | | | | | | 6 Elevation :ft. Group | | | | | |
| | S | | Bore Hole Diameter: in. to | | | | | nd <u>Source</u> : Land Survey GPS Topograp | | | | | |
| 1 r | | | in. to | | | | . Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | | |
| | | | 6. Dewatering: how many wells? | | | | | | | ole: well ID | | | |
| Livesto | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | | | | al: how many bores | | | |
| 2. Irrigati | — <i>b</i> | | | | | | | | | Loop \Box Horizont | | | |
| 3. \Box Feedlo | | | | | | | | | | Loop Surface Dis | | | |
| 4. 🗌 Industr | 4. Industrial Recovery Injection | | | | | | | 13. 🗌 Other (specify): | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | | |
| | | ? 🗆 Yes 🗖 | | | | | | , | | 1 | | | |
| 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. 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: | | | | | | | | | | | | | |
| | nuous Slot | ☐ Mill Slot | | auze Wrapj | ned □T | orch Cut | □ Dr | illed Holes | | Other (Specify) | | | |
| | | ☐ Key Punc | | | | | | one (Open H | | | | | |
| | | | | | | ft., F | rom | ft. to |) | ft., From | ft. | to ft. | |
| G | RAVEL PA | CK INTERV | ALS: From | n | ft. to | ft., F | rom | ft. to |) | ft., From | ft. | to ft. | |
| | | | | | | | | | | | | | |
| | | | | ft., From | | . ft. to | ••••• | ft., From | •••• | ft. to | ft. | | |
| Nearest sou | | le contaminati | i on: Lateral Line | |] Pit Privy | | Пτ | Livestock Per | n .c | 🗖 Insectio | ida Stora | 70 | |
| ☐ Septic | | | Cess Pool | |] Sewage L | agoon | | Fuel Storage | | ☐ Insectic ☐ Abando | | | |
| | | | | | Feedyard | ugoon | | Fertilizer Sto | rage | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | | | | | | |
| | om well? | | | | ance from v | | | | | ft. | | | |
| 10 FROM | TO | I | LITHOLO | GIC LOG | | FRC | M | TO | LIT | HO. LOG (cont.) or | PLUGGI | NG INTERVALS | |
| | | | | | | | | | | | | | |
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| | | | | | | Note | s: | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | | |
| KS Departr | nent of Health | | | | | | | | | ka, Kansas 66612-136 | | one 785-296-3565. | |
| - | | eks.gov/waterwe | | | | | | | | | | KSA 82a-1212 | |

