

| | WELL R | | | WWC-5 | | 2365 | | sion of Wate | | | W 11 ID | | |
|--|---|--|---|--------------|---|-----------|---|--|------------------------|---------------------------------------|---|---|--|
| Original Record Correction Change in Well Use | | | | | | | | | rces App. No. | | | Well ID | |
| 1 LOCATION OF WATER WELL: Fraction | | | | | | | Section Number Township Number Range Number | | | | | | |
| | | | | | | | | | | | | □ E □ W | |
| 2 WELL Business: | ast Name: | | First: | | treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: | | | | direction | ection from hearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| City: | | | ZIP: | | | | | | | | | | |
| 3 LOCAT | WEST T. | | ft. 5 Latitude :(decima | | | | | | | | | | |
| WITH " | X" IN | 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| SECTIO | | | | | | | | | | | | | |
| N | N . | 2) ft. 3) ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: ft. | | | | | | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude: | | | | | |
| | | below land surface, measured on (mo-day-yr). | | | | | | | | | make/model:) | | |
| NW | NE | above land surface, measured on (mo-day-yr) | | | | | | | | WAAS enabled? | | · · | |
| X | I | Pump test data: Well water was ft. | | | | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| | E | after hours pumping gp | | | | | | Online Mapper: | | | | | |
| CW | I I | Well water was ft. | | | | | | | | | | | |
| SW | SE | after hours pumping gpt | | | | | 6 Florestion: 6 G County I and G TO | | | | T. T.O.C | | |
| | | | Estimated Yield:gpm | | | | | 6 Elevation:ft. Ground Leve | | | | | |
| | S | Bore Hole I | Bore Hole Diameter: in. to ft. | | | | | Sourc | | Land Survey GPS Topographic Map Other | | | |
| 1 n | <u>'</u> | in. to ft. | | | | | | U Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic: | ater Supply: w | | | | 10. Oil Field Water Supply: lease | | | | | | | | |
| Housel | | | 6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID | | | | | | 11. Test Hole: well ID | | | | |
| ☐ Lawn & | | | | | | | | | | | | | |
| _ | Livestock 8. ☐ Monitoring: well ID | | | | | | | | | | | | |
| 2. ☐ Irrigati 3. ☐ Feedlo | | | | | | | | | | Loop Horizont | | | |
| | | ☐ Air Sparge ☐ Soil Vapor Ext | | | | | 11 | 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: | | | | | | | | | | | | | |
| | | | | | | | ~ | ~ ~~~~ | | | | | |
| | | | | | | | | | | Glued Clamped | | | |
| Casing diameter | | | | | | | | | | | | | |
| | | | | | • | lb | s./ft. | Wall thick | kness | s or gauge No | • | • | |
| | | R PERFORAT | | | | | | | | 7 | | | |
| | ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | | | | |
| _ | ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| | | | | | | l- C4 | □ n | :11. 3 11.1 | | O41 (C:f) | | | |
| | nuous Slot | ☐ Mill Slot ☐ Key Puncl | | auze Wrapped | | | | | | Other (Specify) | | | |
| | | | | | | | | one (Open F | | ft., From | ft i | to ft | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | ft., From | | | |
| | | | | | | | | | | ft to | | • | |
| | | 11. 10 e contaminati | | It., From | | π. το | • | It., From | •••• | ft. to | It. | | |
| Septic | | | on: Lateral Line | se □ P | it Privy | | Пι | Livestock Pe | enc | ☐ Insection | ide Storac | Te . | |
| Sewer 1 | | | Cess Pool | | ewage La | าฮดดท | | Fuel Storage | | ☐ Abando | | | |
| | ight Sewer Lir | | Seepage Pit | | eedyard | .goon | | Fertilizer Sto | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | 8- | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | | FRC | | TO | | HO. LOG (cont.) or | | NG INTERVALS | |
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| | | | | | | | | Notes: | | | | | |
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| 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) | | | | | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| _ | | nd Environment ks.gov/waterwel | | | section, I | JUU SW Ja | ckson S | o, Suite 420, | , торе | жа, капsas 00012-136 | | SA 82a-1212 | |
| v isit us at n | ιιμ.//www.Kune | ks.gov/waterwel | 1/ HIUCX.IIIIII | | | | | | | | D | 15/1 02a-1212 | |