

	WELL R			WWC-5		8712		sion of Wate						
Original Record Correction Change in We					se		Irces App. No.		T	Well ID				
1 LOCATION OF WATER WELL: Fraction County: 1/4						/ 1/	Section Number Township N							
County														
								treet or Rural Address where well is located (if unknown, distance and						
	Address:								rection from nearest town or intersection): If at owner's address, check here:					
Address:														
City: State: ZIP:														
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL														
WITH "			4 DEPTH OF COMPLETED WELL:											
SECTION BOX: Depth(s) Groundwater Encountered:									Longitude:(decimal degrees)					
N	1		2) ft. 3) ft., or 4) □ Dry W WELL'S STATIC WATER LEVEL: ft							WGS 84 🗌 NAD		NAD 27		
	X		below land surface, measured on (mo-day-yr).							Latitude/Longitude:				
		above land surface, measured on (mo-day-yr).						□G	□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)					
NW	NE		Pump test data: Well water was ft.					Land Survey Topographic Map			NO)			
		~	after hours pumping											
W	E	arter	Well water was ft.					Online Mapper:				•••••		
SW	SE	after	after hours pumping											
			Estimated Yield:gpm					6 Elevation:ft. Ground Level						
	S		ore Hole Diameter: in. to				ft. and Source:			☐ Land Survey ☐ GPS ☐ Topographic Map				
1 r	nile		in. to											
7 WELL WATER TO BE USED AS:														
1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease														
	☐ Household 6. ☐ Dewatering: how many wells?							11. Test I	Hole:	well ID				
Lawn d			7. Aquifer Recharge: well ID							Uncased G				
Livesto	$\Box \text{ Livestock} \qquad \qquad 8. \Box \text{ Monitoring: well ID} \dots \dots \dots$								12. Geothermal: how many bores?					
2. 🗌 Irrigati	$2. \square$ Irrigation 9. Environmental Remediation: well ID									Loop Horizonta				
	3. 🗌 Feedlot 🛛 🗌 Air Sparge 🗌 Soil Vapor Ex							b) Open Loop 🗌 Surface Discharge 📋 Inj. of Water						
4. Industrial Recovery Injection										specify):				
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:														
Was a chemical bacteriological sample submitted to KDHE? Yes No II yes, date sample was submitted:														
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded														
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter ft., Diameter ft., Diameter														
Casing diameter in. to it., Diameter in. to it., Diameter in. to it. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No														
		R PERFORA				10	<i>3./ It.</i>	wan uner	titess	of guuge 110				
					D PVC				nor (S	(necify)				
Steel Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)														
		ATION OPE				useu (ope	n noic)							
	nuous Slot	☐ Mill Slot		auze Wrappe	r⊓ be	orch Cut		illed Holes		Other (Specify)				
		Key Punc						one (Open H		other (speerry)		,		
										ft., From	ft to) ft		
										ft., From				
										ft. to		•••••		
		e contaminat		, 110111 .	• • • • • • • • • • • • • • • •			11., 110111			11.			
Septic '			Lateral Line	es 🗆	Pit Privy			livestock Pe	ens	☐ Insectic	ide Storag	e		
			Cess Pool	_	Sewage L	agoon		Fuel Storage						
	ight Sewer Li		Seepage Pit		Feedyard			Fertilizer Sto	orage					
		·····							8-					
				Dista			<u></u>			ft.				
10 FROM	ТО]	LITHOLO	GIC LOG		FRC	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	JG INTERVALS		
						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 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.														
		ind Environmen ks.gov/waterwe		water, Geolog	y Section, I	1000 SW Ja	ckson S	a., Suite 420,	rope	ka, Kansas 66612-136		SA 82a-1212		
visit us at n	<u>пр.//www.кипе</u>	AS.gov/waterWe	11/11UCA.IIUIII								N	511 02a-1212		