

		RECORD		WWC-5		2269		sion of Wate						
Original Record Correction Change in Well Use					se		Resources App. N Section Numbe							
1 LOCATION OF WATER WELL: Fraction County: 1/4 1/4 1/4						4 14								
									irection from nearest town or intersection): If at owner's address, check here:					
Address:		unection	action non nearest town of intersection). If at owner 5 address, eneck here.											
Address:														
City: State: ZIP:														
3 LOCAT		4 DEPTH	I OF COM	IPLETED	WELL:									
WITH "			Depth(s) Groundwater Encountered: 1)					Longitude:(decimal degrees)						
SECHO	N BOX:	2)	2) ft. 3) ft., or 4) 🗆 I					ry Well Datum: WGS 84 NAD 83 NAD 27						
		WELL'S STATIC WATER LEVEL:					Bource for Eatitude/Eoligitude.							
		below land surface, measured on (mo-day-yr)						□ G		unit make/model:				
NW	NE	above land surface, measured on (mo-day-yr)												
		-	Pump test data: Well water was ft. after hours pumping gp.					□ Land Survey □ Topographic Map						
W	X E	alter	Well water was ft.					□ Online Mapper:						
SW	SE	after hours pumping												
			Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC					
	S	Bore Hole I	Bore Hole Diameter: in. to											
1 r			in. to				t. 🗌 Other							
7 WELL WATER TO BE USED AS:														
1. Domestic: 5. Public Water Supply: well ID 														
			6. Dewatering: how many wells?						11. Test Hole: well ID					
Lawn a			7. Aquifer Recharge: well ID 8. Monitoring: well ID							Uncased Geotechnical Geotechnical Geotechnical				
2. 🗌 Irrigati														
3. G Feedlo														
4. Industrial Recovery Injection							13. Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:														
Water well disinfected? Ves No														
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														
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)														
	SCREEN OR PERFORATION OPENINGS ARE:													
		☐ Mill Slot ☐ Key Punc						ne (Open H			•••••			
										ft., From	ft t	ro ft		
										ft., From				
										ft. to				
		le contaminati		,				,						
□ Septic			Lateral Line		Pit Privy			ivestock Pe		Insectici				
			Cess Pool		Sewage L			uel Storage		Abandon				
	ight Sewer Li		Seepage Pit		Feedyard		⊔F	ertilizer Sto	orage	□ Oil Well	l/Gas We	il		
										ft.				
10 FROM	TO		LITHOLOG			FRO		ТО		HO. LOG (cont.) or	PLUGGU	NGINTERVALS		
IU IROM	10		IIIIOLO				111	10			LUUUI	NO INTERVILLS		
						1								
						1								
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.														
under my j	urisdiction a	nd was comp	leted on (n	no-day-yea	r)	· · · · · · · · · · · · · · · · · · ·	and th	his record i	is tru	e to the best of my	/ knowle	dge and belief.		
Kansas Water Well Contractor's License No														
under the business name of														
KS Departr	nent of Health									ka, Kansas 66612-1367		ne 785-296-3565.		
		eks.gov/waterwe							-			KSA 82a-1212		