

WATER W				WWC-5 ge in Well Us		3218		tion of Wate			Wall II		
	Fraction		Section N				Well ID Range Number						
1 LOCATION OF WATER WELL: County:Fraction1/41/4						4 ¹ /4							
2 WELL OV	st Name:	First:	Street of	reet or Rural Address where well is located (if unknown, distance and									
Business:		from nearest town or intersection): If at owner's address, check here:											
Address: Address:													
City:			State:	ZIP:				-					
3 LOCATE V		4 DEPTH	TH OF COMPLETED WELL:				ft. 5 Latitude:(decimal degree				(decimal degrees)		
			epth(s) Groundwater Encountered: 1)										
N	DUA:	2) ft. 3) ft., or 4) 🗆 D					ell	Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
		WELL'S STATIC WATER LEVEL:											
NW		above land surface, measured on (mo-day-yr)						$(WAAS enabled? \square Yes \square No)$					
		Pump test data: Well water was ft.						Land Survey Topographic Map					
w	E	after hours pumping					Online Mapper:				·		
SW	SE	Well water was ft. after hours pumping											
		Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC					
S		Bore Hole Diameter: in. to ft. and						Source: Land Survey GPS Topographic Map Other					
1 mile- 7 WELL WA		in. to ft.											
1. Domestic:	IEK IU			iter Supply	well ID			10 🗆 Oi	il Fie	ld Water Supply: lea	ise		
	l	 Dewatering: how many wells? 								il Field Water Supply: lease Hole: well ID			
🗌 Lawn & G	arden	7. 🗌 Aquifer Recharge: well ID							Cased Uncased Geotechnical				
	Livestock 8. Monitoring: well ID									al: how many bores?			
3. ☐ Feedlot	2. □ Irrigation 9. Environmental Remediation: well ID 3. □ Feedlot □ Air Sparge □ Soil Vapor Ex							a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. \Box Industrial \Box Recovery \Box Inject							13. 🗌 Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:													
Water well disinfected? Yes 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													
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ Fiberglass} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$													
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:													
SCREEN OR		ATION OPE		RE: auze Wrappe	a ⊓⊤	orch Cut		illad Holos		Other (Specify)			
		☐ Key Punch						one (Open H		Other (Specify)			
										ft., From	ft.	to ft.	
										ft., From			
	9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest source				ft., From	•••••	. ft. to		ft., From	•••••	ft. to	ft.		
Septic Tan			Lateral Line	s 🗆	Pit Privy			ivestock Pe	ens	Insectici	de Stora	ige	
Sewer Line			Cess Pool		Sewage La			uel Storage		Abandon			
U Watertight	□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well												
Other (Specify) Direction from well? ft.													
10 FROM	ТО		ITHOLO			FRC				HO. LOG (cont.) or	PLUGG	ING INTERVALS	
<u>├</u> ───┤──						_	-+						
						Note	s:						
	CTODIC			CEDELE					_				
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 Department	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.												
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