

M	_		RECORD		WWC-5 1303 e in Well Use	L		of Wate			Well ID		
1	Original Record Correction Chang			Fraction		Resources App. No. Section Number					nge Number		
1	County:			1/4 1/4 1/4		cetion .				$\begin{array}{c} R \\ R \\ \Box E \\ \Box W \end{array}$			
2		OWNER: 1	Last Name:		First:	Street or Rural Address where well is located (if unknown, distandirection from nearest town or intersection): If at owner's address, check							
	City:			State:	ZIP:								
3	LOCATE WELL WITH "X" IN 4 DEPTH OF COM				IPLETED WELL: ft.			5 Latitude:					
	SECTIO				Encountered: 1)								
	N		Dry Well		Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27								
				WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr)						Latitude/Longitude:		`	
	_{NW} X.	NF		above land surface, measured on (mo-day-yr)					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) □ Land Survey □ Topographic Map □ Online Mapper:				
	1			Pump test data: Well water was ft. after hours pumping gpm									
W		E	after										
	SW	SE	after	Well water was ft. after hours pumping gpm									
				Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
	:	S		ore Hole Diameter: in. to				Source: Land Survey GPS Topographic Map					
	1 n			in. to	ft.	Other							
	7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease												
	Domestic:			g: how many wells?					l Field Water Supply: lease Hole: well ID				
					echarge: well ID					\Box Uncased \Box Geotechnical			
	Livesto		8. 🗆	g: well ID					al: how many bores?				
	🗌 Irrigati				tion: well ID				a) Closed Loop 🔲 Horizontal 🗌 Vertical				
	☐ Feedlo			Air Sparge Soil Vapor Extr				b) Open Loop \Box Surface Discharge \Box Inj. of V					
	4. Industrial Recovery Injection 13. Other (specify):												
	Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:												
					C 🗆 Other	CAS	SING J	OINTS	: □ (Glued Clamped	□ Welde	d 🗆 Threaded	
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter												
Ca	Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
T	TYPE OF SCREEN OR PERFORATION MATERIAL:												
□ Steel □ Fiberglass □ PVC □ Other (Specify) □ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)													
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:													
		nuous Slot	☐ Mill Slot			orch Cut 🗌	Drilled	l Holes		Other (Specify)			
					ire Wrapped Sa								
SC					1 ft. to								
0					n ft. to Cement grout 🛛 🗍 Bo								
					. ft., From								
			le contaminati			10 00 11111		.,		1			
	Septic '			lateral Line				stock Per		Insection			
	Sewer l			Cess Pool	Sewage La			Storage lizer Stor		Abando			
					☐ Feedyard		_ rerui	lizer Stol	rage	🗌 Oil Wel	I/Gas wei	L	
					Distance from w					ft.			
10	FROM	TO	L	ITHOLO	GIC LOG	FROM	Т	Ю	LITH	HO. LOG (cont.) or	PLUGGIN	JG INTERVALS	
							_						
						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.													
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.												
	-		eks.gov/waterwel						-			SA 82a-1212	