

W	_		RECORD		WWC-5 1220			ion of Wat			Well ID		
1	- 0	Original Record Correction Change in Well Use OCATION OF WATER WELL: Fraction					Resources App. No. Section Number Township Num			Township Number		ge Number	
-	County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						Secti	$\begin{bmatrix} T & S \\ R & \Box E \\ \end{bmatrix} W$					
2	WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance a direction from nearest town or intersection): If at owner's address, check her Address: Address: City: State: ZIP:												
3	LOCAT	E WELL				ft. 5 Latitude :(decimal degrees)							
	WITH "	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)										-	
W	SECTIO NW NW SW	N NE E	2) WELL'S ST below h above h Pump test d after	ATIC WA ATIC WA and surface, and surface, ata: Well w hours Well w	3) ft., or 4) [TER LEVEL: , measured on (mo-day- , measured on (mo-day- vater was ft , pumping	Dry We ft. yr) yr) t. gpm t.	11 	Longitude:					
		- SW SE after hours pumping Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC					
		ŝ		ft. and		Source: Land Survey GPS Topographic Map							
	1 n			in. to ft.			□ Other						
	WELL WATER TO BE USED AS:												
2. 3.	Domestic: Housel Lawn d Livesto Feedlo Livesto	nold & Garden ock on t	6. [_ 7. [_ 8. [_ 9. Eı	 5. Dublic Water Supply: well ID 6. Dewatering: how many wells? 7. Aquifer Recharge: well ID 8. Monitoring: well ID 9. Environmental Remediation: well ID 9. Environmental Remediation: well ID 10. Air Sparge Soil Vapor External Action Statements 				 10. Oil Field Water Supply: lease 11. Test Hole: well ID Cased Ducased Geotechnical 12. Geothermal: how many bores?					
	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:												
	Water well disinfected? Yes No 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter													
30					n ft. to n ft. to								
0					Cement grout Be								
												• • • • • • • • • • • • •	
Ne	Grout Intervals: From												
	FROM	TO		ITHOLO	Distance from we	FRON		ТО	 т тт	HO. LOG (cont.) or Pl	UCCIN	CINTEDVALS	
10	TROM	10				TRON	*1	10		110. LOO (COIII.) OF PI		J INTERVALO	
						1							
						Notar							
	Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged													
under my jurisdiction and was completed on (mo-day-year)													
	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.												
			heks.gov/waterwel		. alor, Geology Section, 10	JU DIT Jaci		, 5410 720,	, .			A 82a-1212	