

W	_		RECORD		WWC-5 1096			ion of Wat			Well ID		
1	- 0	Original Record Correction Change in Well Use OCATION OF WATER WELL: Fraction					Resources App. No. Section Number Towns			Township Number		ge Number	
-	County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						Seen	$\begin{bmatrix} T & S \\ T & S \end{bmatrix} R \begin{bmatrix} T \\ T \end{bmatrix} E \begin{bmatrix} T \\ T \end{bmatrix} W$					
2	WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: Address: Address: City: State:												
3	LOCAT	E WELL											
	WITH "	Depth(s) Groundwater Encountered: 1)						. 5 Latitude:(decimal degrees) Longitude:(decimal degrees)					
w	SECTIO NW	N NE E	2) WELL'S ST below h above h Pump test d after	ft. 3 CATIC 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) gpm t.	Well Datum: WGS 84 NAD 83 N. . ft. Source for Latitude/Longitude: GPS (unit make/model:			AD 27) o)			
		- SW SE after hours pumping						6 Elevation:ft. Ground Level TOC					
	-	S.	. ft. and					GPS [] Topographic Map					
		1 mile											
1. 2. 3.	WELL Domestic: Housel Lawn Livesto Irrigati Feedlo Industr	nold & Garden ock on t	5. Public Water Supply: well ID 6. Dewatering: how many wells?					 10. Oil Field Water Supply: lease 11. Test Hole: well ID Cased Ducased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water 13. Other (specify): 					
					-		No. 1						
	Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:												
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Ca Ca T` S(Casing diameter												
					n ft. to								
	GROUT	MATER	IAL: 🗌 Neat o	ement	Cement grout 🛛 Ber	ntonite	🗌 Otł	ner					
Grout Intervals: From													
	FROM	TO		ITHOLO	Distance from we	FRON		ТО	 т тт	ft. HO. LOG (cont.) or P	LUGGIN	SINTERVALS	
10	TROM	10				TRON	1	10		110. LOU (COIIC) OF P.		J IINTER VALO	
						+							
						Notes							
un Ka	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)												
	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.												
	Visit us at <u>h</u>	ttp://www.kd	heks.gov/waterwel	l/index.html							KS	A 82a-1212	