

|   |  | RECORD                                      |   | WWC-5      |           | 6552    |   | sion of Wate                        |                        |                        |                                 |                     |  |
|---|--|---|---|------------|-----------|---------|---|-------------------------------------|------------------------|------------------------|---------------------------------|---------------------|--|
| Original Record Correction Change in Well Use   |  |   |   |            | se        |         |   |                                     | ces App. No.           |                        |                                 | Well ID             |  |
| 1 LOCATION OF WATER WELL:FractionCounty:1/41/41/4   |  |   |   |            |           | 4 14    | Section Number Township Number Range Number<br>$T$ S R $\Box$ E $\Box$ W        |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| 2 WELL<br>Business:   |  | Last Name:                                  |   | First:     |           |         | irection from nearest town or intersection): If at owner's address, check here: |                                     |                        |                        |                                 |                     |  |
| Address:  |  | unection                                    |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| Address:  |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| City: State: ZIP:   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| <b>3</b> LOCATE WELL<br>WITH "X" IN<br><b>4</b> DEPTH OF COMPLETED WELL: .                                |  |   |   |            |           |         | ft. <b>5 Latitude</b> :(decimal degrees)  |                                     |                        |                        |                                 |                     |  |
|   |  |   | 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:                  |   |            |           |         |   |                                     |                        | Latitude/Longitude:    |                                 |                     |  |
|   |  | 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.<br>after hours pumping gp. |            |           |         |   | □ Land Survey □ Topographic Map     |                        |                        |                                 |                     |  |
| W   | E  | alter                                       | Well water was ft.  |            |           |         |   | □ Online Mapper:                    |                        |                        |                                 |                     |  |
| SW  | SE   | after                                       | after hours pumping   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   | Estimated Yield:gpm   |            |           |         |   | 6 Elevation:ft.  Ground Level  TOC  |                        |                        |                                 |                     |  |
|   | S  | Bore Hole I                                 | Bore Hole Diameter: in. to                                    |            |           |         |   |                                     |                        |                        | Land Survey GPS Topographic Map |                     |  |
| 1 r   |  |   | in. to i  |            |           |         | 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                                  |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| 2. 🗌 Irrigati   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| 3. G Feedlo   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| 4. $\Box$ Industrial $\Box$ Recovery $\Box$ In  |  |   |   |            |           |         | 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)<br>SCREEN OR PERFORATION OPENINGS ARE: |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            | 1 🗆 7     | 1.0.4   |   |                                     | _                      | 0.1 (0 .0)             |                                 |                     |  |
|   | nuous Slot<br>ared Shutter   | ☐ Mill Slot<br>☐ Key Punc                   |   | auze Wrapp |           |         |   | one (Open H                         |                        | Other (Specify)        | •••••                           |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        | ft., From              | ft t                            | o ft                |  |
|   |  |   |   |            |           |         |   |                                     |                        | ft., From              |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        | ft. to                 |                                 |                     |  |
| Nearest sou   | rce of possib  | le contaminati                              | ion:  |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| Septic  |  |   | Lateral Line  |            | Pit Privy |         |   | livestock Pe                        |                        | Insectici              |                                 |                     |  |
| Sewer   |  |   | Cess Pool   |            | Sewage L  |         |   | Fuel Storage                        |                        |                        |                                 |                     |  |
|   | ight Sewer Li  |   | Seepage Pit   |            | Feedyard  |         |   | Fertilizer Sto                      | orage                  | 🗌 Oil Well             | I/Gas We                        | ι <b>Ι</b>          |  |
|   |  |   |   |            |           |         |   |                                     |                        | ft.                    |                                 |                     |  |
| 10 FROM   | TO   |   | LITHOLO   |            |           | FRC     |   | ТО                                  |                        | HO. LOG (cont.) or     | PLUGGI                          | NGINTERVALS         |  |
|   |  |   |   |            |           |         |   |                                     | 1                      |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| Notes:  |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
|   |  |   |   |            |           |         |   |                                     |                        |                        |                                 |                     |  |
| 11 CONT   | RACTOR'  | S OR LAND                                   | OWNER'S   | S CERTIF   | ICATIO    | N: This | water   | well was                            |                        | onstructed, 🗌 recor    | nstructed                       | , or $\Box$ plugged |  |
| under my j  | 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 Departr  | nent of Health   |   |   |            |           |         |   |                                     |                        | eka, Kansas 66612-1367 |                                 | ne 785-296-3565.    |  |
|   |  | eks.gov/waterwe                             |   |            |           |         |   |                                     |                        |                        |                                 | SA 82a-1212         |  |