

		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 T S R \Box E \Box W						
2 WELL Business:		Last Name:		First:			irection from nearest town or intersection): If at owner's address, check here:						
Address:		unection											
Address:													
City: State: ZIP:													
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: .							ft. 5 Latitude :(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. 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) SCREEN OR PERFORATION OPENINGS ARE:													
					1 🗆 7	1.0.4			_	0.1 (0 .0)			
	nuous Slot ared Shutter	☐ Mill Slot ☐ 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 Ι	
										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	