

WATER W				WWC-5	,	0047		sion of Wate			X 7-11 II		
Original Record Correction Change in Well 1 LOCATION OF WATER WELL: Fraction							Resources Section I			Township Numb	Well II	ange Number	
County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						4 ¹ / ₄							
2 WELL OW	ast Name:	First:	Street or	t or Rural Address where well is located (if unknown, distance and									
Business:		direction	irection from nearest town or intersection): If at owner's address, check here:										
Address: Address:													
City: State: ZIP:													
3 LOCATE W	ELL							_					
	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)												
SECTION B	OX:	DX: Deput(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box						Longi	itud	e:		(decimal degrees)	
N	WELL'S STATIC WATER LEVEL:							Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
		below land surface, measured on (mo-day-yr								unit make/model:)	
N W N	Е	above land surface, measured on (mo-day-yr							(WAAS enabled? ☐ Yes ☐ No)				
		-	p test data: Well water was ft.					□ Land Survey □ Topographic Map			,		
W	E	after hours pumping							☐ Online Mapper:				
SW S	E	Well water was ft. after hours pumping gpm											
		Estimated Yield:gpm								on:ft. 🗌 Ground Level 🔲 TOC			
S		Bore Hole Diameter: in. to				ft. and	and Source: Land Survey GPS Top			Topographic Map			
1 mile		in. to											
7 WELL WATER TO BE USED AS:													
1. Domestic: 5. Public Water Supply: well ID 													
	 ☐ Household 6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID 												
□ Lawn & Ga □ Livestock	rden									Uncased C			
2. Irrigation	- 6									al: how many bores			
3. Feedlot								a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water					
4. 🗌 Industrial								13. Other (specify):					
Was a chemica	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? \square Yes \square No													
				C □ Othe	r	C.	ASIN	G JOINTS	:	Glued Clamped	□ Weld	ded 🗌 Threaded	
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter												
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
	□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)												
Brass Galvanized Steel Concrete tile None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
								one (Open H					
						ft., Fr	om	(e p =====)	ft., From	ft.	to ft.	
										ft., From			
				. ft., From		. ft. to	•••••	ft., From		ft. to	ft.		
Nearest source of				_	- D · D ·		— •						
☐ Septic Tank ☐ Sewer Lines			Lateral Line Cess Pool] Pit Privy			Livestock Pe Fuel Storage		☐ Insectic ☐ Abando			
□ Sewer Lines] Sewage L] Feedyard	agoon		Fertilizer Sto	rage				
Other (Spec	ify)			∟ 	_ 1 eeu yaru				iuge		n/Ous iii	/11	
										ft.			
10 FROM	ТО	I	ITHOLO	GIC LOG		FRO	М	ТО	LIT	HO. LOG (cont.) or	PLUGGI	NG INTERVALS	
└───						_							
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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													
under the business name of													
KS Department 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.												
Visit us at http://w				,			~	,	r			KSA 82a-1212	