

M	_		RECORD		WWC-5 13 e in Well Use	351			ion of Wate			Well ID			
1	Original Record Correction Chang				Fraction		Sectio			Township Numbe		nge Number			
-	County:				1/4 1/4	i 1/4				$\begin{array}{c c} T & S \\ T & S \\ \end{array} \begin{array}{c} R & \Box E \Box W \\ \end{array}$					
2	WELL Business: Address: Address:	OWNER: 1		First: ZIP:					al Address where well is located (if unknown, distance and earest town or intersection): If at owner's address, check here:						
3	City: LOCAT	FWFII		State:											
5	WITH "		IPLETED WEL			ft.									
	SECTIO		Depth(s) Gr			Longitude:									
	Ν	N $(1, 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,$								Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
	 _{NW} X-	NE	☐ below la ☐ above la	 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 				········ GPS (unit make/model:							
			-	Pump test data: Well water was ft. after hours pumping gpm					Land Survey Topographic Map						
W		E	after		ater was				Online Mapper:						
	SW	SE	after	after hours pumping											
			gpm				6 Elevation:ft. Ground Level TOC								
	:	S Bore Hole Diameter: in. to						ft. and			Source: Land Survey GPS Topographic Map				
	1 n			in. to		ft.	ft. Other								
) BE USED A												
	Domestic:														
					g: how many wells echarge: well ID				11. Test Hole: well ID						
	Livesto			g: well ID											
	☐ Irrigati			al Remediation: we			a) Closed Loop 🗌 Horizontal 🗌 Vertical								
	Feedlo							b) Open Loop Surface Discharge Inj. of Water							
4.	🗌 Industr	ial		Recovery	Injection			13. Other (specify):							
W	as a chei	mical/bacte	riological san	nple subm	itted to KDHE?		Yes 🗌 N	5]	If yes, dat	e sar	nple was submitted	1:			
W	ater well	disinfected'	? 🗌 Yes 🔲	Ño					•						
8	TYPE O	F CASING	USED: 🗆 S	teel 🗌 PV	C 🗌 Other		CAS	SIN	G JOINTS	S: 🗆	Glued Clamped	U Weld	ed 🗌 Threaded		
											in. to				
							lbs./f	t.	Wall thic	kness	or gauge No				
T			R PERFORAT												
	□ Steel		nless Steel	☐ Fiber			1 (1	1.		her (S	Specify)	•••••			
50	\square Brass		vanized Steel ATION OPE			ne t	ised (open h	ole)							
30		nuous Slot	☐ Mill Slot			Тт	orch Cut	l Dri	illed Holes	П	Other (Specify)				
					ire Wrapped										
SC											ft., From	ft. t	o ft.		
	G	RAVEL PA	CK INTERVA	ALS: Fron	n ft. to		ft., Fror	n	ft. t	o	ft., From	ft. t	o ft.		
					ft., From	••••	ft. to		ft., From		ft. to	ft.			
		-	le contaminati					– 1	iveste als D		🗖 Incontia	ida Stanaa			
	□ Septic ' □ Sewer l			Lateral Line Cess Pool	s 🗌 Pit Priv				ivestock Pe uel Storage		☐ Insectic ☐ Abando	Ų			
					☐ Feedya				ertilizer Sto						
								_							
Di	rection fro	om well?			Distance from	m w					ft.				
10	FROM	TO	L	ITHOLO	GIC LOG		FROM		TO	LIT	HO. LOG (cont.) or	PLUGGI	NG INTERVALS		
								-							
							Notes:								
							-								
											onstructed, 🗌 reco				
un	der my ju	urisdiction a	nd was compl	eted on (n	no-day-year)		aı	ld th	nis record	is tru	e to the best of my	y knowled	dge and belief.		
											ted on (mo-day-ye				
un	uer the b	usiness nam	Send one convit	WATED	FII OW/NED and and	tair	one for your		de Fee of [¢]	<u></u>	or each <u>constructed</u> we				
	KS Departn	nent of Health									eka, Kansas 66612-136		ne 785-296-3565.		
	-		eks.gov/waterwel						,	r			SA 82a-1212		