

| 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 | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | 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 | | |