

W	_		RECORD		WWC-5 1236	L		n of Wate					
1								irces App. No. ion Number Township Numb			Well ID		
1	LOCATION OF WATER WELL: County:				$\frac{1}{14}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						$\Box E \Box W$		
2		OWNER: I	Last Name:			Street or Rural Address where well is located (if unknown, distance direction from nearest town or intersection): If at owner's address, check h					, distance and		
	City:			State:	ZIP:	ZIP:							
3	LOCAT		4 DEPTH	OF COM	PLETED WELL: ft.			5 Latitude:(decimal degrees)					
	WITH " SECTIO			Encountered: 1)				Longitude:					
	SEC IIO			3) ft., or 4)			Datum: 🗌 WGS 84 🛛 NAD 83 🗌 NAD 27						
				WELL'S STATIC WATER LEVEL:						Latitude/Longitude:			
			 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) □ Land Survey □ Topographic Map □ Online Mapper:					
	NW	NE	Pump test data: Well water was ft.										
W		E	after hours pumping gpm										
	SW	X	<u> </u>	Well water was ft.									
	1			after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
		S S	Bore Hole Diameter: in. to ft. and					Source: Land Survey GPS Topographic Map					
	1 n			in. to f				Other					
			D BE USED A										
	Domestic:		5. Public Water Supply: well ID					10. □ Oil Field Water Supply: lease 11. Test Hole: well ID					
	□ Houseł □ Lawn &			6. Dewatering: how many wells? 7. Aquifer Recharge: well ID									
	Livesto								Cased Uncased Geotechnical 12. Geothermal: how many bores?				
	🗌 Irrigati				emediation: well ID			a) Closed Loop 🔲 Horizontal 🗌 Vertical					
	□ Feedlo			Air Sparge	-			b) Open Loop 🗌 Surface Discharge 📋 Inj. of Water					
	4. Industrial Recovery Injection 13. Other (specify):												
	Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:												
					C 🗆 Other	CAS	SING	IOINTS	· 🗆	Glued Clamped	□ Welde	d 🗆 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													
T	TYPE OF SCREEN OR PERFORATION MATERIAL:												
	Steel Steel Fiberglass PVC Other (Specify) Press Coherents tile None used (oner hele)												
SC	□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
~ ~	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
					ire Wrapped Sa								
SC					n ft. to								
0					$\mathbf{n} \dots \mathbf{n}$ ft. to \dots								
					Cement grout Be ft., From								
			le contaminatio					, 1 10111		1			
	Septic '			lateral Line				estock Pe		Insection	0		
	Sewer I	Lines ght Sewer Li		Cess Pool				l Storage tilizer Sto		☐ Abando □ Oil Wel			
	Other (Specify)		Seepage Pit			_ ren	Inzer Sto	rage		n/Gas wen		
Di	rection fro				Distance from we					ft.			
10	FROM	TO	L	ITHOLOG	GIC LOG	FROM		ТО	LITH	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
							_						
		Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a 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 This Water Well Record was completed on (mo-day-year)													
under the business name of													
]	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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 <u>h</u>	ttp://www.kdh	eks.gov/waterwell	/index.html							K	SA 82a-1212	