

W	_		RECORD		WWC-5		3713		sion of Wate						
	Original Record Correction Change in We									rces App. No. Well ID					
I	1 LOCATION OF WATER WELL: County:				Fraction Sec. $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			Sect	tion Number Township Number Range Number T S R $\Box \in \Box W$						
2			T / NT												
2									Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:						
	Address:	encedon nom newest town of intersection). If at owner s address, enc													
	Address:														
	City: State: ZIP:														
3	LOCAT		4 DEPTH	IPLETED WELL: ft.			ft.	5 Latitude:(decimal degrees)							
	WITH "		Depth(s) Gro		. ft. Longitude:(dec										
		SECTION BOX: N $2$ ) ft. 3) ft., or 4)									WGS 84 🗌 NAI				
		, 		WELL'S STATIC WATER LEVEL: ft.						Source for Latitude/Longitude:					
				below land surface, measured on (mo-day-yr)						□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) □ Land Survey □ Topographic Map □ Online Mapper:					
	N <b>X</b>	NE		D above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.											
***			-	after hours pumping											
W		E	anci	Well water was ft.											
	SW	SE	after	after hours pumping gpm											
				Estimated Yield:gpm					6 Elevation:ft. Ground Level TO						
		S	Bore Hole D		ameter: in. to f										
	1 n	1			in. to		□ Other								
	7 WELL WATER TO BE USED AS:														
	Domestic:			5. Devue Public Water Supply: well ID						10. ☐ Oil Field Water Supply: lease 11. Test Hole: well ID					
	$\square$ Housef			6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID											
	Livesto			8. Monitoring: well ID					Cased Uncased Geotechnical 12. Geothermal: how many bores?						
2.	☐ Irrigati				al Remediatio				a) Closed Loop $\Box$ Horizontal $\Box$ Vertical						
	Feedlo			☐ Air Sparge ☐ Soil Vapor Ext						b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Wa					
4.	🗌 Industr	ial		□ Recovery □ Injection					13. 🗌 Other (specify):						
W	'as a chei	mical/bacte	eriological san	ple subm	itted to KD	HE?	]Yes 🗌	No	If yes, date	e san	nple was submitte	d:			
W	ater well	disinfected	? 🗌 Yes 🔲 ]	No					•		-				
8	TYPE O	F CASINO	G USED: 🗆 St	teel 🗌 PV	C 🗌 Other .		C	ASIN	G JOINTS	: 🗆	Glued Clamped	l 🗌 Welde	d 🗌 Threaded		
											in. to				
							lbs	s./ft.	Wall thick	cness	or gauge No	•••••			
Т			R PERFORAT							(6					
	□ Steel		inless Steel	☐ Fiber	8		used (one	hola)		ier (S	pecify)	•••••			
S	□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:														
5		nuous Slot	☐ Mill Slot		auze Wrapped	н Пт	orch Cut	🗆 Dr	illed Holes		Other (Specify)				
			Key Punch												
SC	CREEN-P	PERFORAT	ED INTERVA	LS: From	1 ft.	to	ft., F	mor	ft. to	<b></b> .	ft., From	ft. to	ft.		
	G	RAVEL PA	CK INTERVA	ALS: From	n ft.	to	ft., F	rom	ft. to	o	ft., From	ft. to	ft.		
					ft., From		. ft. to	•••••	ft., From		ft. to	ft.			
		-	ole contaminatio			·		<b>—</b> •				· 1 . 0.			
	Septic '			.ateral Line Cess Pool		it Privy	0.000 <b>n</b>		Livestock Pe						
	□ Sewer I □ Waterti	ght Sewer L		leepage Pit		ewage L eedyard			Fuel Storage Fertilizer Sto			oned Water ll/Gas Well			
					ı ت				51111201 510	inge		Gub mell			
											ft.				
10	FROM	TO	L	ITHOLO	GIC LOG		FRO	М	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS		
							<b>N</b> T - 4								
Notes:															
11	CONT	RACTOD'	S OR LANDO	WNFD'	CERTIFI	CATIO	N. Thie	water	well was L		nstructed, 🗌 reco	nstructed	or nlugged		
ur	ider mv ju	urisdiction a	and was comple	eted on (n	no-dav-vear)			and the	his record i	is tru	e to the best of m	v knowled	ge and belief.		
K	ansas Wa	ter Well Co	ontractor's Lice	nse No		This W	ater Wel	Reco	ord was con	nple	ted on (mo-day-ye	ear)	5- une conor.		
ur	der the b	usiness nan	ne of												
			Send one copy to	WATER W	ELL OWNER	and retair	one for yo	ır recor	rds. Fee of \$5	5.00 fe	or each constructed we	11.			
	KS Departn	nent of Health	and Environment,	Bureau of V	vater, Geology	Section, 1	1000 SW Ja	ckson S	st., Suite 420,	Tope	ka, Kansas 66612-136		e 785-296-3565.		