

W	_		RECORD		WWC-5 1337	L		n of Wate					
1			Correction				urces App. No. tion Number Township Numl			Well ID per Range Number			
1	County		VALEK WEL	Li								$\Box E \Box W$	
2		OWNER: I	Last Name:			Street or Rural Address where well is located (if unknown, dis direction from nearest town or intersection): If at owner's address, che					distance and		
	City:			State:	ZIP:	ZIP:							
3	LOCAT		4 DEPTH	OF COM	IPI FTFD WFI I •	LETED WELL: ft.			5 Latitude:(decimal degrees)				
	WITH "		Encountered: 1)		11.	Longitude:							
	SECTIO N			3) ft., or 4)			Datum: WGS 84 NAD 83 NAD 27						
1				LL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:					
	NW	NE		<ul> <li>below land surface, measured on (mo-day-yr)</li> <li>above land surface, measured on (mo-day-yr)</li> </ul>				□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)					
		NL	Pump test data: Well water was ft.					Land Survey Topographic Map					
W	x	E	after	after hours pumping gpm					Online Mapper:				
	SW	SE	Well water was ft. after hours pumping gpm										
				Estimated Yield:					6 Elevation:ft.  Ground Level  TOC				
		S	Bore Hole D	Bore Hole Diameter: in. to				Source:  Land Survey  GPS  Topographic Map Other					
	1 n	1	DE LISED A	in. to ft.									
	7 WELL WATER TO BE USED AS:         1. Domestic:       5. □ Public Water Supply: well ID         10. □ Oil Field Water Supply: lease												
	House			6. Dewatering: how many wells?				11. Test Hole: well ID					
	🗌 Lawn &			-	echarge: well ID								
	Livesto				Remediation: well ID			12. Geothermal: how many bores?					
	☐ Inigan ☐ Feedlo			Air Sparge				a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water					
	🗌 Industr			Recovery	☐ Injection		13. Other (specify):						
W	Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:												
	Water well disinfected? Yes No												
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. 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:													
50	CREEN OR PERFORATION OPENINGS ARE:												
	Louve	red Shutter	🗌 Key Punch	ied 🗌 W	ire Wrapped 🛛 🗌 Sa	w Cut	] None	e (Open H	Iole)				
SC					n ft. to								
0					$n \dots ft. to \dots ft.$								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Ne	arest sou	rce of possib	le contamination	on:									
	□ Septic ′ □ Sewer I			Lateral Line Cess Pool				estock Pe el Storage		☐ Insectic ☐ Abando	•		
		ght Sewer Li	nes □S	less roof Seepage Pit				tilizer Sto				wen	
	Other (	Specify)							-				
	rection fro FROM				Distance from we							CINTEDVALS	
10	FROM	TO	L	ITHOLO	JU LUG	FROM	_	10		HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
							_						
						Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
Ka	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													
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.													
	-		eks.gov/waterwell						P 0			SA 82a-1212	