

M	_		RECORD		WWC-5 1373			sion of Wate						
		Original Record Correction Change in Well LOCATION OF WATER WELL: Fraction						rces App. No on Number   Township Numb			Well ID er Range Number			
T						1/4	<sup>1</sup> / <sub>4</sub> Section Number Township				R R	$\Box E \Box W$		
2			Last Name:		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		eet or Rural Address where well is located (if unknown, distance and							
-	Business:	0 111220	Lust I tuillet		1 11001		direction from nearest town or intersection): If at owner's address, check here:							
	Address: Address:													
	City:			State:	ZIP:									
3	LOCAT	E WELL												
	WITH "	X" IN		<b>IPLETED WELL:</b> . Encountered: 1)			5 Latitude:(decimal degrees)							
	SECTIO			3) ft., or 4)		Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27								
	N	WELL'S STATIC WATER LEVEL: ft.								Source for Latitude/Longitude:				
				, measured on (mo-day-			GPS (unit make/model:)							
	NW	NE			, measured on (mo-day-		•••••	(WAAS enabled?  Yes No)						
w		I	- 0		water was ft. rs pumping gpm water was ft. rs pumping gpm			Land Survey						
vv	I	· ·												
	SW	SE												
	X		Estimated Y			· · · · · ·			6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map					
	S Bore Hole Diameter: in. to							Other						
1 mile														
	1. Domestic:       5.          Public Water Supply: well ID													
	🗌 Housel		6. 🗆	g: how many wells?	nany wells?			11. Test Hole: well ID						
	_	Lawn & Garden7. Aquifer Recharge: well ID												
	Livesto			g: well ID al Remediation: well II			•							
	☐ Irrigati ☐ Feedlor		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:													
			d? □Yes □					2		1				
	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														
1	TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Fiberglass         PVC       Other (Specify)													
	Steel       Fiberglass       PVC       Other (Specify)         Brass       Galvanized Steel       Concrete tile       None used (open hole)													
SC	SCREEN OR PERFORATION OPENINGS ARE:													
	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)													
0.0								one (Open H	,		<b>C</b>	c		
50					n ft. to									
0					$\frac{1}{2} \dots \dots$									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other														
			ible contaminati	on:				,						
	Septic '			Lateral Line				livestock Pe						
	Sewer I	Lines ght Sewer I		Cess Pool Seepage Pit	☐ Sewage La ☐ Feedyard	lgoon		Fuel Storage Fertilizer Sto		☐ Abandor ☐ Oil Well				
				seepage Fit				ertilizer Su	лаge		/Gas well			
					Distance from w	ell?				<u>ft.</u>				
10	FROM	TO	I	ITHOLO	GIC LOG	FROM	M	ТО	LIT	HO. LOG (cont.) or I	PLUGGIN	G INTERVALS		
			<u> </u>											
_						Notes	:							
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was a constructed, 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.														
Ka	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.														
	-		heks.gov/waterwel					.,	- °P0			SA 82a-1212		