

W	_		RECORD Correction		WWC-5		3419		sion of Wat					
							esources App. No.			Well ID Mell ID				
I		TION OF V	Fraction	4 1/4	Section Number		er	1 0		$\Box E \Box W$				
2	County	OWNER: 1	lost Nama	First:				al Address	Address where well is located (if unknown, distance and					
2	Business: Address:	OWNER:	Last Mame:					earest town or intersection): If at owner's address, check here:						
	Address: City:			State:	ZIP:									
3	LOCAT	E WELL												
					IPLETED WELL:					5 Latitude:(decimal degrees)				
	SECTIO					Longitude:(decimal degrees) Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27								
	Ν	N $(1, 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,$								Source for Latitude/Longitude:				
			below la	below land surface, measured on (mo-day-yr).							unit make/model:)	
	NW	NE		above land surface, measured on (mo-day-yr)					_	(WAAS enabled? ☐ Yes ☐ No)				
	X I I		~	Pump test data: Well water was ft.						□ Land Survey □ Topographic Map				
W		E	after	after hours pumping gpm Well water was ft.						Online	e Mapper:	•••••		
	SW	SE	after	after hours pumping										
				Estimated Yield:					6 Elevation:ft. Ground Level TOC					
	5	5	Bore Hole D	Bore Hole Diameter: in. to ft.					$\underline{Source}: \Box Land Survey \Box GPS \Box Topographic$					
	1 n	1		in. to f						☐ Other				
	7 WELL WATER TO BE USED AS:													
	Domestic: □ Houseł			5. Dublic Water Supply: well ID										
	□ Houser			 Dewatering: how many wells? Aquifer Recharge: well ID 										
	Livesto			g: well ID				12. Geothermal: how many bores?						
	Irrigati			Remediation: well ID				a) Closed Loop \Box Horizontal \Box Vertical						
	Feedlo		e 🗌 Soil Vapor Extraction				b) Open Loop 🗌 Surface Discharge 📋 Inj. of Water							
4. Industrial Recovery Injection 13. Other (specify):														
					itted to KD	HE? □	Yes 🗌	No	If yes, dat	e sar	nple was submitted	1:		
			? 🗌 Yes 🔲]											
											Glued Clamped			
	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.													
							Ibs	s./ft.	Wall thic	kness	or gauge No	•••••		
11	PE OF 3		R PERFORAT inless Steel	ION MA		□ PVC				her (Specify)			
	Brass		vanized Steel				used (oper	n hole)			specify)	•••••		
SC	_		RATION OPE				(-F	,	, ,					
	Contin	uous Slot	☐ Mill Slot	G	auze Wrapped						Other (Specify)			
			🗌 Key Punch						one (Open H					
SC											ft., From			
											ft., From			
											ft. to		••••	
			le contaminatio						n., Piom			It.		
	Septic '	-		Lateral Line	s 🗌 Pi	t Privy			Livestock Pe	ens	☐ Insectic	ide Storage	1	
	Sewer I				□ Se				Fuel Storage		🗌 Abando			
			ines 🗆 S						Fertilizer Sto	orage	🗌 Oil Wel	l/Gas Well		
	☐ Other (Specify) Distance from well? ft.													
	FROM	TO		ITHOLO			FRO		ТО		HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
10	1110101	10					1110		10	211		12000		
							NT - 4							
							Notes	s:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged														
un	der my ju	irisdiction a	and was complete	eted on (n	no-day-year)			and ti	his record	is tru	e to the best of my	y knowled	ge and belief.	
Ka	ansas Wa	ter Well Co	ntractor's Lice	ense No		This W	ater Wel	Reco	ord was co	mple	ted on (mo-day-ye	ear)	-	
un	der the b	usiness nam	Send one convite	WATED	ELL OWNED	nd rotain	one for vo		rde Fea of ^e	5 00 f	or each <u>constructed</u> we		<u></u>	
]	KS Departn	nent of Health									eka, Kansas 66612-136		e 785-296-3565.	
	-		eks.gov/waterwell							1		-	SA 82a-1212	