

W	_		RECORD		WWC-5 1216			ion of Wat			Well ID		
1	- 0	Original Record Correction Change in Well Use COCATION OF WATER WELL: Fraction						Resources App. No. Section Number Township Nu					
1	County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						been	$\begin{array}{c c} T & S \\ T & S \\ R & \Box E \Box W \end{array}$					
2		OWNER:		State:			eet or Rural Address where well is located (if unknown, distance and ction from nearest town or intersection): If at owner's address, check here:						
3	LOCAT	E WELL											
~	WITH "	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)											
W	SECTIO NW NW SW	X NE E	2) WELL'S ST below h above ha Pump test da after	ATIC WA ATIC WA and surface, and surface, ata: Well w hours Well w	3) ft., or 4) [TER LEVEL: , measured on (mo-day- , measured on (mo-day- vater was ft s pumping	t ft., or 4) □ Dry Well R LEVEL: ft. easured on (mo-day-yr) r was ft. mping gpm r was ft.			Longitude:				
	5,,	alter nours pumping						6 Elevation:ft. Ground Level TOC					
		s s		Estimated Yield:gpm Bore Hole Diameter:in. to ft. and					Source: Land Survey GPS Topographic Map				
					in. to ft.								
7	WELL WATER TO BE USED AS:												
2. 3.	Domestic: Housel Lawn & Livesto Feedlo Lindustr	nold & Garden ock on t	6. [_ 7. [_ 8. [_ 9. Eı) Extraction	 	 10. Oil Field Water Supply: lease 11. Test Hole: well ID Cased Ducased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water 13. Other (croatify); 							
	4. Industrial Recovery Injection 13. Other (specify): Was a chemical/bacteriological sample submitted to KDHE? Yes												
		disinfected				Yes	NO I	If yes, dat	e sai	nple was submitted:			
					C 🗆 Other	CA	SINC		z. □	Clued Clamped	Waldar		
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. to in. Weight lbs./ft. Wall thickness or gauge No. ft. TYPE OF SCREEN OR PERFORATION MATERIAL:													
0													
					Cement grout Be								
Grout Intervals: From													
	FROM	TO		ITHOLOG		FROM		ТО	LIT	HO. LOG (cont.) or P	LUGGIN	GINTERVALS	
						Notes:							
un Ka	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 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. 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 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/waterwel		, ceology section, 10			, Sance 720,	, . opt			A 82a-1212	