

| M | _ | | RECORD | | WWC-5 1305 te in Well Use | | | ion of Wat | | | Well ID | | |
|--|---|---------------|--|---|-----------------------------------|--|-----------------------------------|--|---|--------------------|----------------------------|---|--|
| 1 | Original Record Correction Chang | | | | Fraction | | Resources App. No. Section Number | | | Township Numbe | Township Number Range Numb | | |
| - | County: | | | | | | on round | T S R | | | $\Box E \Box W$ | | |
| 2 | WELL Business: Address: Address: | OWNER: 1 | Last Name: | First: | | 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: | | | | | | | |
| | City: | | | State: | ZIP: | | | | | | | | |
| 3 | LOCATE WELL WITH "X" IN 4 DEPTH OF COM | | | | IPLETED WELL: ft. | | | 5 Latitude : | | | | | |
| | SECTIO | | ft. | | Longitude:(decimal degrees) | | | | | | | | |
| | N | | Dry Wel | 1 | Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27 | | | | | | | | |
| | | | WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr) | | | | | Source for Latitude/Longitude: GPS (unit make/model:) (WAAS enabled? Yes No) | | | | | |
| | NW | I | above land surface, measured on (mo-day-yr) | | | | | | | | | | |
| | IN W | INE | | Pump test data: Well water was ft. after hours pumping | | | | | Land Survey Topographic Map Online Mapper: | | | | |
| W | | X E | ~ | | | | | | | | | | |
| | SW | | | Well water was ft. | | | | | | | | | |
| | 1 | | | after hours pumping gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | | S | | Estimated Yield:gpm Bore Hole Diameter: in. to f | | | | | | | | | |
| | 1 n | | Doite Hole L | in. to | | | | □ Other | | | | | |
| 7 | 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. | Domestic: | | | | | | | | | | | | |
| | Housel | | | 6. Dewatering: how many wells? | | | | | | | | | |
| | 🗌 Lawn & | | | | echarge: well ID | | | | | | | | |
| | □ Livesto □ Irrigati | | | g: well ID | | | | | | | | | |
| | ☐ Inigati ☐ Feedlo | | | Air Sparge | al Remediation: well ID | | | 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 | | | | | | | | | | | | |
| | | | | | C 🗌 Other | CA | SINC | JOINTS | S: 🗆 | Glued Clamped | U Welde | d 🗌 Threaded | |
| Ca | 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter | | | | | | | | | | | | |
| | Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | |
| T | 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: ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | | | | |
| | Louve | red Shutter | 🗌 Key Punch | ied 🗌 W | 'ire Wrapped 🛛 Sa | aw Cut |] Noi | ne (Open H | Hole) | | | | |
| SC | | | | | n ft. to | | | | | | | | |
| ~ | | | | | n ft. to | | | | | | | | |
| | | | | | Cement grout Bo | | | | | | | • | |
| | | | le contaminati | | ft., From | . 11. 10 | | 11., FIOIII | ••••• | | Il. | | |
| | Septic ' | - | | Lateral Line | es 🗌 Pit Privy | | 🗆 Li | ivestock Pe | ens | ☐ Insectic | ide Storage | y | |
| | Sewer l | | | Cess Pool | Sewage La | | | uel Storage | | Abando | ned Water | Well | |
| | | | | | Feedyard | | 🗆 Fe | ertilizer Sto | orage | 🗌 Oil Wel | l/Gas Well | | |
| | | | | | Distance from w | | | | | ft | | | |
| | FROM | TO | | ITHOLOG | | FROM | | ТО | | HO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| | | | | | | | | | | | | | |
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| | | | | | | Notes: | | | | | | | |
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| | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | | |
| | - | | and Environment | Bureau of W | Vater, Geology Section, 1 | | | | | | 7. Telephon | | |
| | Visit us at <u>h</u> | ttp://www.kdh | eks.gov/waterwel | /index.html | | | | | | | K | SA 82a-1212 | |