

| W | | | RECORD | | WWC-5 1352 | | | ion of Wat | | | | | |
|---|---|--|---|---|-----------------------------|--|----------------|--|---|---|-----------|-----------------|--|
| 1 | | | Correction | e in Well Use Fraction | Resources App. No. | | | Township Number Range Number | | a a Number | | | |
| I | 1 LOCATION OF WATER WELL: County: | | | | | 1/4 | Section Number | | er | | | $\Box E \Box W$ | |
| 2 | | OWNER: I | ast Name | | First: | | | | | where well is located (if unknown, distance and | | | |
| - | Business: | | Last Ivanic. | | 1 1151. | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| | Address: | | | | , | , | | | | | | | |
| | Address: City: | | State: | ZIP: | | | | | | | | | |
| 3 | LOCAT | FWFII | | State. | LIF. | | | | | | | | |
| 5 | WITH " | | | IPLETED WELL: . | | | | | | | | | |
| | SECTIO | N BOX: | | Encountered: 1) 3) ft., or 4) | | | | Longitude: | | | | | |
| | Ν | 1 | | | Datum: WGS 84 NAD 83 NAD 27 | | | | | | | | |
| | | | | | TER LEVEL: | | | Source for Latitude/Longitude: | | | | | |
| | NW | NE | | above land surface, measured on (mo-day-yr) | | | | | (WAAS enabled? \Box Yes \Box No) | | | | |
| | X | | Pump test da | Pump test data: Well water was ft. | | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | |
| W | | E | after | after hours pumping gpm | | | | | | | | | |
| | SW | SE | Well water was ft. after hours pumping gpm | | | | | | | | | | |
| | 1 | | | Estimated Yield:gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | | S | | | | ft. and | | Source: Land Survey GPS Topographic Map | | | | | |
| | 1 n | nile | | in. to ft. | | | □ Other | | | | | | |
| 7 | 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | Domestic: | | | | ter Supply: well ID | | | 10. 🗌 Oil Field Water Supply: lease | | | | | |
| | | | | 6. Dewatering: how many wells? | | | | | 11. Test Hole: well ID | | | | |
| | _ | Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well ID | | | | | | | | | | | |
| | □ Liveste □ Irrigati | | | al Remediation: well II | | | | | | | | | |
| | ☐ Feedlo | | | Air Sparge | | b) Open Loop \Box Surface Discharge \Box Inj. of Water | | | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | | | | |
| W | Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| | | | ? 🗌 Yes 🔲 | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify) | | | | | | | | | | | | | |
| □ Stanless Steel □ Fiberglass □ FVC □ Other (Specify) | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | |
| | | nuous Slot | 🗌 Mill Slot | | | | | | | Other (Specify) | | | |
| ~ . | | | | | | | | ne (Open H | | | | | |
| SC | | | | | n ft. to | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From ft. to | | | | | | | | | | | | | |
| | | | le contaminati | | , | 10.10 | | , 1 10111 | | | | | |
| | 🗌 Septic ' | Tank | | ateral Line | | | | ivestock Pe | | 🗌 Insectici | | | |
| | Sewer l | | | Cess Pool | □ Sewage La | goon | | uel Storage | | Abandor | | Well | |
| | | | | | ☐ Feedyard | | ⊔F | ertilizer Sto | orage | 🗌 Oil Well | /Gas Well | | |
| | | | | | Distance from w | | | | | ft | | | |
| | FROM | TO | | ITHOLOG | | FRO | | TO | | HO. LOG (cont.) or I | PLUGGIN | G INTERVALS | |
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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. | | | | | | | | | | | | | |
| K | ansas Wa | ter Well Co | ntractor's Lice | ense No. | | ater Well | Reco | rd was co | mple | ted on (mo-dav-ve | ar) | | |
| Kansas Water Well Contractor's License No | | | | | | | | | | | | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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. | | | | | | | | | | | | | |
| | - | | and Environment, eks.gov/waterwel | | vater, Geology Section, 10 | JUU SW Jac | kson St | i., Suite 420, | , 10pe | ka, Kansas 66612-1367 | - | A 82a-1212 | |
| | . 1011 ub at <u>11</u> | Separation www.Kull | sub-50 v/ water wel | , machinini | | | | | | | 177 | | |