

W	_		<b>RECORD</b>		WWC-5 1099			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 Numbe				ge Number		
-	County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						Secti	$\begin{array}{c c} T & S & R & \Box E \Box W \end{array}$					
2	WELL OWNER: 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:         Business:       Address:         Address:       ZIP:												
3	LOCAT	E WELL											
		4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)						5 Latitude:(decimal degrees) Longitude:(decimal degrees)					
W	SECTIO NW NW SW	N NE X E	2) WELL'S ST below h above h Pump test d after	ft. 3 CATIC 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 ; pumping ft ; pumping ft ; pumping	] Dry We ft. yr) yr) gpm t.		Datum: 🗌 WGS 84 📄 NAD 83 📄 NAD 27 <u>Source for Latitude/Longitude</u> : 🗋 GPS (unit make/model:) (WAAS enabled? 🗌 Yes 📄 No) 📄 Land Survey 📄 Topographic Map 📄 Online Mapper:					
			Estimated Y	gpm		6 Elevation:ft.  Ground Level  TOC							
	-	S.	Bore Hole I	in. to ft. and			Source:  Land Survey  GPS  Topographic Map Other						
	1 mile												
1. 2. 3.	Domestic: Housel Lawn d Livesto Irrigati Feedlo	nold & Garden ock on t	5.        Public Water Supply: well ID         6.        Dewatering: how many wells?         n       7.        Aquifer Recharge: well ID         8.        Monitoring: well ID         9. Environmental Remediation: well ID         ari Sparge       Soil Vapor Extr					<ul> <li>10. Oil Field Water Supply: lease</li> <li>11. Test Hole: well ID</li> <li>Cased Ducased Geotechnical</li> <li>12. Geothermal: how many bores?</li> <li>a) Closed Loop Horizontal Vertical</li> <li>b) Open Loop Surface Discharge Inj. of Water</li> <li>13. Other (croasify);</li> </ul>					
	4. Industrial Recovery Injection 13. Other (specify):												
	Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:												
					C 🗖 Other		SING		2. L	Cluad  Clampad	Walda		
Ca Ca T S	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.         Casing height above land surface       in.       Weight       lbs./ft.       Wall thickness or gauge No.       ft.         TYPE OF SCREEN OR PERFORATION MATERIAL:												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Grout Intervals:       From													
					Distance from we	FRON			 1 1/T	ft.	LUCCIN		
10	FROM	TO		ITHOLOG	JIC LUG	FROM	/1	TO	LII	HO. LOG (cont.) or P	LUGGIN	JINTEKVALS	
						1							
	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)												
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.													
	Visit us at <u>h</u>	ttp://www.kd	heks.gov/waterwel	l/index.html							KS	A 82a-1212	