

W	_	_	RECORD		WWC-5	,	9963		sion of Wate			Well ID		
1	Original Record Correction Chang				e in Well Use Fraction			Resources App. No.			Township Numb	Township Number Range Number		
-	County:				1/4 $1/4$ $1/4$ $1/4$			been	$\begin{array}{c c} T & S & R & \Box E & \Box W \end{array}$					
2	2 WELL OWNER: Last Name: Business: Address: Address:					direction from ne				al Address where well is located (if unknown, distance and earest town or intersection): If at owner's address, check here:				
2	City:			State:	ZIP:									
3				IPLETED WELL: ft.				5 Latitude:(decimal degrees)						
	SECTIO			Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4)										
						TER LEVEL: ft.				Datum: WGS 84 NAD 83 NAD 27				
	X			below land surface, measured on (mo-day-yr)						(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
	NW	NE		above land surface, measured on (mo-day-yr)										
				Pump test data: Well water was ft.										
W E			after.	after hours pumping gpm Well water was ft.						Online Mapper:				
	SW	SE	after.	after hours pumping										
	Estimated Yield				gpm					6 Elevation:ft. Ground Level TOC				
		S Nilo	Bore Hole		in. to ft. and				Source: Land Survey GPS Topographic Map					
1 mile in. to ft. □ Other														
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease														
				6. Dewatering: how many wells?						11. Test Hole: well ID				
	🗌 Lawn 🎖			7. 🗌 Aquifer Recharge: well ID						Cased Uncased Geotechnical				
	Livesto				g: well ID						al: how many bores			
	☐ Irrigati ☐ Feedlo			Air Sparge	tal Remediation: well ID ge Soil Vapor Extractio				a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water					
4. Industrial									$13. \square$ Other (specify):					
W	as a chei	nical/bact	eriological sa	mple subr		-]Yes □	No			nple was submitte			
			l? □Yes □	-										
8	TYPE O	F CASIN	G USED: 🗆	Steel D PV	C 🗌 Othe	er	C.	ASIN	G JOINTS	: 🗆	Glued Clamped	l 🗌 Welde	d 🗌 Threaded	
											in. to			
							lbs	./ft.	Wall thick	cness	or gauge No			
1	TYPE OF SCREEN OR PERFORATION MATERIAL:													
Steel Stainless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)														
SC	SCREEN OR PERFORATION OPENINGS ARE:													
		uous Slot	☐ Mill Slot		auze Wrap						Other (Specify)			
sc			Key Pun						one (Open H		ft., From	ft to	ft	
50														
9	GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft. 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Gr	out Interv	als: From .	ft. t								ft. to			
			ble contamina		_	- D'- D -		— •				· 1 . G.		
	□ Septic ' □ Sewer l			Lateral Line Cess Pool] Pit Privy] Sewage L	2000		livestock Pe Fuel Storage			oned Water		
		ght Sewer L		Seepage Pit		Feedyard			Fertilizer Sto			ll/Gas Well		
	Other (Specify)								Ũ				
						tance from v					ft.			
10	FROM	TO		LITHOLO	JU LOG		FRO	IVI	TO	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
							.							
Notes:														
11	CONT	RACTOR	S OR LAND	OWNER'	S CERTI	FICATIO	N: This y	vater	well was] co	nstructed, 🗌 reco	onstructed.	or 🗌 plugged	
un	der my ju	risdiction	and was com	oleted on (n	10-day-ye	ar)		and th	his record i	is tru	e to the best of my	y knowled	ge and belief.	
Ka	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													
un		usmess nar	Send one copy	to WATER W	ELL OWN	ER and retain	one for vot	r recor	ds. Fee of \$5	5.00 fe	or each <u>constructed</u> we	 11.		
	KS Departn	nent of Health									ka, Kansas 66612-136	7. Telephon	e 785-296-3565.	