

| W | _ | | RECORD | | WWC-5 1088 | | | ion of Wate | | | | | |
|---|---|---|--------------------|--|---|--|---|------------------------------------|---|--------------------------|-----------------|--------------|--|
| | Original Record Correction Change in LOCATION OF WATER WELL: Fr | | | | | | rces App. No. Well ID On Number Township Number Range N | | | n e Nerreh en | | | |
| I | County | | WATER WEL | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | Section Number $\frac{1}{4}$ | | | T S | r Rar | $\Box E \Box W$ | | |
| 2 | | | Last Name: | | | | or Rural Address where well is located (if unknown, distance and | | | | | | |
| - | Business: Address: Address: | O WILLK | Last Marie. | G | | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| 2 | City: | | | State: | ZIP: | | | | | | | | |
| 3 | LOCAT WITH " | | | IPLETED WELL: . | | ft. | 5 Latit | 5 Latitude:(decimal degrees) | | | | | |
| | SECTIO | | Depth(s) Gr | | | | Longitude: | | | | | | |
| | Ν | N 2) ft. 3) ft., or 4) \Box Dry Well WELL'S STATIC WATER LEVEL: ft. | | | | | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | |
| | | | | | | | | |) | | | | |
| | NW | NE | above l | and surface | , measured on (mo-day- | yr) | □ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) | | | | | | |
| | | | - | Pump test data: Well water was ft. | | | | | Land Survey Topographic Map | | | | |
| W | | | after | | . hours pumping gpm Well water was ft. | | | | Inline | e Mapper: | ••••• | | |
| | <mark>v</mark> sw | SE | after | after hours pumping | | | | | | | | | |
| | ^ | | Estimated Y | | gpm | | | 6 Elevation:ft. 	Ground Level 	TOC | | | | | |
| | - | S | Bore Hole I | | | in. to ft. and | | | Source: Land Survey GPS Topographic Map Other | | | | |
| | | | | | | | | | | | | | |
| | 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | |
| | □ Housel | | | 6. Dewatering: how many wells? | | | | | | | | | |
| | 🗌 Lawn & | & Garden | | echarge: well ID | | | Cased Uncased Geotechnical | | | | | | |
| | Livesto | | | g: well ID | | | | | al: how many bores? | | | | |
| | ☐ Irrigati ☐ Feedlor | | Vironmenta | al Remediation: well II e D Soil Vapor I | | •••• | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| | Industr | | | | $13. \square Other (specify):$ | | | | | | | | |
| | 4. Industrial Recovery Injection 13. Other (specify): Was a chemical/bacteriological sample submitted to KDHE? Yes | | | | | | | | | | | | |
| | Water well disinfected? Yes No | | | | | | | | | | | | |
| 8 | TYPE O | F CASIN | G USED: 🗆 S | teel 🗌 PV | C 🗌 Other | CA | SING | G JOINTS | 5: 🗆 | Glued Clamped | U Welde | d 🗌 Threaded | |
| | 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) | | | | | | | | | | | | |
| SC | SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| | Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) | | | | | | | | | | | | |
| 50 | | | | | Vire Wrapped Sa | | | | | | 6 | 0 | |
| SC | | | | | n ft. to n ft. to | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| | 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From | | | | | | | | | | | | |
| | | - | ible contaminati | | | | | | | | | | |
| | □ Septic ′ □ Sewer I | | | Lateral Line Cess Pool | es 📄 Pit Privy 🗋 Sewage Lag | goon | | ivestock Pe uel Storage | | ☐ Insectici ☐ Abandor | | | |
| | | | | | ☐ Sewage La | goon | | ertilizer Sto | | | | wen | |
| | □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | | | | | |
| | | | | | Distance from we | | | | | ft. | DUCCD | CINTEDUATO | |
| 10 | FROM | TO | 1 | ITHOLOG | JU LUG | FROM | /1 | ТО | LII | HO. LOG (cont.) or I | PLUGGIN | GINTERVALS | |
| | | | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | NTa4- | | | | | | | |
| | | Notes: | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged | | | | | | | | | | | | | |
| un | 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 | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| | - | | | | Vater, Geology Section, 10 | 000 SW Jack | cson St | t., Suite 420, | Tope | ka, Kansas 66612-1367 | | | |
| | v isit us at <u>h</u> | up://www.ko | lheks.gov/waterwel | <u>1/1ndex.html</u> | | | | | | | K | SA 82a-1212 | |