

W	_	WELL			Form		-5	148	8463		sion of Wat				. [
	Original Record Correction Chang					e in Well Use Fraction				Resources App. No. Section Number Township Nu			Township Numb	Well ID Range Number			
I	County:						1/	4 1/4	Sect	ION INUIND	er				$\Box E \Box W$		
2		· OWNER:	Last Nam	ne:						or Rural Address where well is located (if unknown, distance and							
-	Business:	0 111 12210	Lustitui			1 1150					nearest town or intersection): If at owner's address, check here:						
	Address: Address:																
	City:			S	State:	ZIP:											
3	LOCAT	E WELL	4 1		IPLETED WELL: ft.				C	5 Lotitudo:							
		Depth(s) Groundwater					Encountered: 1) ft.				5 Latitude:(decimal degrees) Longitude:(decimal degrees)						
	SECTIO N		Dep			3) ft., or 4) \Box Dry Well					Datum: 🗌 WGS 84 🗌 NAD 83 🗌 NAD 27						
	г —			WELL'S STATIC WATER LEVEL:									Latitude/Longitude		1 11	D 21	
	I			below land surface, measured on (mo-day-yr)								□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)					
	NW	NE		D above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.													
WEE				after hours pumping								□ Land Survey □ Topographic Map □ Online Mapper:					
**				Well water was ft.													
SW-XSE				after hours pumping gpm							6 Elevation:ft. Ground Level TOC						
		 S		Estimated Yield:gpm Bore Hole Diameter: in. to ft. a								Source: Land Survey GPS Topographic M					
	، 1 n	-	DOIG	in. to													
7 WELL WATER TO BE USED AS:																	
	Domestic:			5. Public Water Supply: well ID							10. 🗌 Oil Field Water Supply: lease						
	Housel			6. Dewatering: how many wells?							11. Test Hole: well ID						
	🗌 Lawn d		7. Aquifer Recharge: well ID								Cased Uncased Geotechnical						
	☐ Feedlo			9. Environmental Remediation: well ID							b) Open Loop Surface Discharge Inj. o						
4.	🗌 Industr	ial			□ Recovery □ Injection						13. 🗌 Other (specify):					-	
W	as a chei	nical/bact	teriologi	cal sam	ple subm	itted to	KDHE	? 🗆	Yes 🗌	No	If yes, dat	e sar	nple was submitte	d:			
		disinfecte															
													Glued Clamped			☐ Threaded	
													in. to				
		SCREEN (•••••	108	./IL.	wan unc	KIIESS	of gauge no		•		
•	Steel		ainless St		Fiber		יר ⊡ ער ⊡	VC			🗌 Otl	her (S	Specify)				
	🗆 Brass		alvanized		Conc	rete tile	\Box No	one	used (oper	n hole))						
SC		OR PERFO					, ,			— -		_					
		uous Slot red Shutter		ill Slot		auze Wra					ulled Holes one (Open F		Other (Specify)				
SC													ft., From	ft. 1	to	ft.	
													ft., From				
	GROUT	MATER	IAL:] Neat ce	ement	Cement	t grout	B	entonite	Ot	ther						
						. ft., Fro	m	•••••	. ft. to		ft., From		ft. to	ft.			
	earest sou	rce of possi	ible conta		n: ateral Line		🗌 Pit Pri				Livestock Pe	200	🗖 Incosti	ida Stora	70		
	Septic Sever I				ess Pool				agoon		Fuel Storage		☐ Insectio ☐ Abando			ell	
		ght Sewer l	Lines		eepage Pit		☐ Feedy				Fertilizer Sto					•	
		Specify)															
			<u></u> T					om w			ТО		ft.		NC	INTEDWALC	
10	FROM	ТО		L	THOLOG	JIC LU	G		FRO	IVI	10	LII	HO. LOG (cont.) or	PLUGOI	NG	INTERVALS	
									N T 4								
									Note	5:							
			+														
11	CONT	RACTOR	'S OR I	LANDO	WNER'S	S CERT	TIFICAT	ΓΙΟ	N: This	water	well was		onstructed, 🗌 reco	onstructed	1, o	r 🗌 plugged	
un	der my ju	irisdiction	and was	comple	eted on (n	no-day-y	year)			and ti	his record	is tru	ie to the best of m	y knowle	dge	and belief.	
													ted on (mo-day-ye				
un		usmess na	Send on	e copy to	WATER W	ELL OW	NER and re	etain	one for vo	r recoi	rds. Fee of \$	5.00 f	or each <u>constructed</u> we	<u></u> 11.		•••••	
	KS Departn	nent of Healt											eka, Kansas 66612-136	7. Telepho		85-296-3565.	