

W	_	_	<b>RECORD</b>		WWC-5 1308			sion of Wate		W	/ell ID		
1	- 0	Original Record       Correction       Change in Well Use         LOCATION OF WATER WELL:       Fraction					Resources App. No. Section Number			Township Number Range Number			
•	County			1/4 1/4 1/4	1⁄4	-				R	$\Box E \Box W$		
2		<b>OWNER:</b>	Last Name:	State:	First: ZIP:		eet or Rural Address where well is located (if unknown, distance and ection from nearest town or intersection): If at owner's address, check here:						
3	LOCAT	E WELL											
-	WITH "			IPLETED WELL: .									
W	N	ECTION BOX:       Depth(s) Groundwater Encountered: 1)         N       2)						Longitude:(decimal degrees) 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:					
	SW	SF			ater was f								
	Image: Sector of the sector of				in. to ft. and			6 Elevation:ft. □ Ground Level □ TOC <u>Source</u> : □ Land Survey □ GPS □ Topographic Map □ Other					
		1 mile  UI Other in. to ft.											
1. 2.	Domestic: Housel Lawn a Livesto Feedlo	nold & Garden ock on	5. □ Public Water Supply: well ID         6. □ Dewatering: how many wells?         7. □ Aquifer Recharge: well ID         8. □ Monitoring: well ID         9. Environmental Remediation: well ID         □ Air Sparge       □ Soil Vapor Extract				·····	<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> </ul>					
			Recovery	Extraction	L	13. Other (specify):							
	Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:												
					C 🗆 Other	C	ASIN	G JOINTS	S: []	Glued Clamped	Welded	□ Threaded	
Ca Ca	Casing diameterin. toin. toin. toin. toin. toin. to       ft. Diameterin. toin. to         Casing height above land surfacein. Weight												
SC	SCREEN OR PERFORATION OPENINGS ARE:												
	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
SC										ft., From	ft to	ft	
5													
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	Grout Intervals: From ft. to ft., From ft. to ft.												
	Nearest source of possible contamination:         Septic Tank       Lateral Lines       Pit Privy       Livestock Pens       Insecticide Storage         Sewer Lines       Cess Pool       Sewage Lagoon       Fuel Storage       Abandoned Water Well         Watertight Sewer Lines       Seepage Pit       Feedyard       Fertilizer Storage       Oil Well/Gas Well         Other (Specify)       Other (Specify)       Sever Lines       Sever Lines       Sever Lines       Sever Lines												
Di	rection fro	om well?			Distance from w	ell?							
10	FROM	TO	I	ITHOLOG	GIC LOG	FRO	М	TO	LIT	HO. LOG (cont.) or PL	UGGINO	G INTERVALS	
						+							
						+							
			<u> </u>			+							
						1							
		Notes:											
un Ka	<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was a constructed, reconstructed, or plugged under my jurisdiction and 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.													
	-		neks.gov/waterwel					.,	, - °P			A 82a-1212	