

M	_		RECORD		WWC-5 1092			ion of Wate						
1	Original Record Correction Change in LOCATION OF WATER WELL:						ources App. No ction Number Township Num			Well ID				
I	County		WAIEK WEL	L:	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		on Numbe	er	$\begin{array}{c c} T & Township Number & Range Number \\ T & S & R & \Box E & W \end{array}$					
2	í		Last Name:		First:		et or Rural Address where well is located (if unknown, distance and							
-	Business: Address: Address:	O WILLK			direction from nearest town or intersection): If at owner's address, check here:									
3	City: LOCAT			State:	ZIP:									
3	WITH "		4 DEPTH		ft.	5 Latitude:(decimal degrees)								
	SECTIO			Depth(s) Groundwater Encountered: 1)						e:				
	Ν	N (2) $(2$								Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				
				, measured on (mo-day-			GPS (unit make/model:)							
	NW	NE	above la	measured on (mo-day-	ured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)						
		X		ump test data: Well water was ft. after hours pumping gpm				Land Survey Topographic Map						
W		I	E aπer		a pumpingf				Online Mapper:					
	SW	SE	after		s pumping									
		Estimated Yield:gpm						6 Elevation:ft. □ Ground Level □ TOC <u>Source</u> : □ Land Survey □ GPS □ Topographic Map □ Other						
	S Bore Hole Diameter: in. to													
	7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID													
	□ Housel			6. Dewatering: how many wells?										
	🗌 Lawn &	& Garden	7. 🗖	echarge: well ID			\Box Ca	ased	🗌 Uncased 🔲 G	eotechnica	1			
	Livesto			g: well ID										
	☐ Irrigati ☐ Feedlor		Air Sparge	al Remediation: well II e D Soil Vapor I		••••			Loop Horizonta					
	Industr			Recovery		Extraction	traction b) Open Loop Surface Discharge Inj. o 13. Other (specify):							
	Was a chemical/bacteriological sample submitted to KDHE? Yes In Jettorian If yes, date sample was submitted:													
	Water well disinfected? Yes No													
	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. 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)													
			Key Punch					ne (Open H	,		C	c		
30					n ft. to									
9					n ft. to Cement grout 🛛 Be									
					ft., From									
Ne	arest sou	rce of possi	ible contaminati	on:										
	Septic '			Lateral Line				ivestock Pe						
	□ Sewer I □ Waterti	ght Sewer 1		Cess Pool Seepage Pit	☐ Sewage La ☐ Feedyard	goon		uel Storage ertilizer Sto		☐ Abandor ☐ Oil Well		well		
			·····						Juge		Jous Wen			
		m well?			Distance from we					ft.				
10	FROM	TO	L	ITHOLOG	GIC LOG	FROM	1	TO	LIT	HO. LOG (cont.) or l	PLUGGIN	G INTERVALS		
			+			_	-+							
			1			1								
						Notes:								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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.														
Ka	ansas Wa	ter Well C	ontractor's Lice	ense No	This Wa	ater Well	Reco	rd was coi	mple	ted on (mo-day-yea	ar)			
under the business name of														
	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.													
	-		lheks.gov/waterwel									SA 82a-1212		