	RECORD Form WWC-5		rivision of Water		W 11 TO
1 LOCATION OF V	Correction Change in Well Use		sources App. No.	Tauaskia Numb	Well ID
County:		NW. WELL "	ection Number 24	Township Numb	
2 WELL OWNER:	Last Name: Baulman First:				(if unknown, distance and
direction from nearest town or intersection): If at owner's address, check here;					
Address: 2901 Crystof Boach Address: 1446 To Switch 2005					
City: Wichely State 1 21167205					
3 LOCATE WELL	4 DEPTH OF COMPLETED WI	ELL: 35	ft. 5 Latitude	•	(decimal degrees)
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1)		Longitud		(decimal degrees)
N N	2) ft. 3) ft.,		Horizonta	Datum: WGS 84	4 □ NAD 83 □ NAD 27
	WELL'S STATIC WATER LEVEL: below land surface, measured on (n)	ft.	5-16 Source for	Latitude/Longitude	
NWNE	above land surface, measured on (n	10-day-yr) 10-day-yr)	□ GPS)
	Pump test data: Well water was		(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map		
W E	after hours pumping	Onlin	Online Mapper:		
SW SE	Well water was				
	after hours pumping Estimated Yield:gpm		6 Elevation	1:R.	☐ Ground Level ☐ TOC
S	Bore Hole Diameter: in. to /	.5 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				ase
Household Lawn & Garden	 Dewatering: how many w Aquifer Recharge: well II 			: well ID ☐ Uncased ☐ (-
Livestock	8. Monitoring: well ID			al: how many bores	
2. Irrigation	9. Environmental Remediation:		. a) Closeo	i Loop 🔲 Horizont	al 🗌 Vertical
3. Feedlot		Vapor Extraction			scharge 🔲 Inj. of Water
4. Industrial	☐ Recovery ☐ Injec			· · · · · · · · · · · · · · · · · · ·	
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:					
Water well disinfected? Yes No					
8 TYPE OF CASING USED: Steel PPVC Other					
Casing diameter					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ CPVC ☐ Other (Specify)					
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)					
SCREEN-PERFORATED INTERVALS: From 25					
GRAVEIS-PACK-INTERVALS: From					
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other					
Grout Intervals: From					
Nearest source of possible contamination: Septic Tank					
Septic Tank			☐ Fuel Storage		ned Water Well
Sewer Lines					
Other (Specify) Direction from well? Distance from well?					
Direction from well?		from well?		ft.	DI LICCONG DIPERTIALS
10 FROM TO	LITHOLOGIC LOC	FROM	TO LIT	HU. LUG (cont.) or	PLUGGING INTERVALS
3 10	10000	201	+		
18 35	Complex	\$ 1	 		
1 9 5	Comment of the second	The state of the s	 		
		Notes:			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **Constructed, **Drugged under my jurisdiction and was completed on (no-day-year)					
Kansas Water Well Co	ontractor License No.	his Water Well K	cord was comple	ted on (morday-we	ar) 10 35 16
under the business nam	ne of Departer France	Y TOWK	Signature)	Janet	15 sels
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,					
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015					
visit us at http://www.kdhek	3.gov/waterweivindex.nuni	NOM 028-1	<u> </u>		ALLYMOUT // LU/AULO