

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID OB-2-19

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Reno Fraction SE 1/4 NW 1/4 NE 1/4 NW 1/4 Section Number 9 Township Number T 26 S Range Number R 10 E W

2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection):

3 LOCATE WELL WITH "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 5 Latitude: 37.804236 Longitude: -98.422328

7 WELL WATER TO BE USED AS: 1. Domestic 2. Irrigation 3. Feedlot 4. Industrial 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 10. Oil Field Water Supply: lease 11. Test Hole: well ID 12. Geothermal: how many bores? 13. Other (specify): Observation

Was a chemical/bacteriological sample submitted to KDHE? Water well disinfected? 8 TYPE OF CASING USED: 9 GROUT MATERIAL: Nearest source of possible contamination:

10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 06-05-19 and this record is true to the best of my knowledge and belief.

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.izov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015