

		RECORD		WWC-5		1924		ion of Wate						
Original Record Correction Change in Well Use				se				es App. No.			Well ID Range Number			
1 LOCATION OF WATER WELL:     Fraction       County:     1/4						4 14								
County:     1/4     1/4     1/4     T     S     R       2     WELL OWNER: Last Name:     First:     Street or Rural Address where well is located (if unknown, distance)														
									irection from nearest town or intersection): If at owner's address, check here:					
Address:		unection	rection nonn nearest town of intersection). If at owner 5 address, eneck here.											
Address:														
City: State: ZIP:														
<b>3 LOCATE WELL</b> WITTH (V) N <b>4 DEPTH OF COMPLETED WELL:</b>							ft. <b>5 Latitude</b> :(decimal degrees)							
WITH "			Depth(s) Groundwater Encountered: 1)					Longitude:(decimal degrees)						
SECTIO	<b>N BOX:</b>		2) ft. 3) ft., or 4) 🗆 🛙											
1	• 	WELL'S STATIC WATER LEVEL:								Latitude/Longitude:		(III) 27		
			below land surface, measured on (mo-day-yr)							unit make/model:		)		
NW	NE - 🗙										No)			
		Pump test data: Well water was ft.					□ Land Survey □ Topographic Map							
W	E	after hours pumping						□ Online Mapper:						
SW	SE	after hours pumping												
		Estimated Yield:gpm					6 Eleva			tion:ft. 🗌 Ground Level 🔲 TOC				
	S		Bore Hole Diameter: in. to					and <u>Source</u> : Land Survey GPS Top			Copographic Map			
1 r	nile		in. to											
7 WELL WATER TO BE USED AS:														
1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>														
House House			6. Dewatering: how many wells?						. Test Hole: well ID					
Lawn d			7. 🗌 Aquifer Recharge: well ID						Cased Uncased Geotechnical					
										al: how many bores				
	□ Irrigation 9. Environmental Remediation: well ID □ Feedlot □ Air Sparge □ Soil Vapor Ex									Loop Horizonta				
3. 🗌 Feedlo				Extraction										
	4. Industrial Recovery Injection 13. Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:														
				<u>a – a i</u>			ACTN	G LODITO						
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														
TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Fiberglass         PVC       Other (Specify)														
Steel       Steel       Fiberglass       PVC       Other (Specify)         Brass       Galvanized Steel       Concrete tile       None used (open hole)														
SCREEN OR PERFORATION OPENINGS ARE:														
	nuous Slot	☐ Mill Slot		auze Wrapp	ed $\Box$ T	orch Cut	🗆 Dri	illed Holes	П	Other (Specify)				
Louve	ered Shutter	Key Punc						ne (Open H						
SCREEN-F	PERFORAT	ED INTERV	ALS: Fron	n	ft. to	ft., Fi	mor	ft. to	o	ft., From	ft. t	o ft.		
G	RAVEL PA	CK INTERV	ALS: Fron	n	ft. to	ft., F	rom	ft. to	o	ft., From	ft. t	o ft.		
				ft., From	•••••	ft. to		ft., From		ft. to	ft.			
		le contaminat		_			<b>—</b> •				1 0			
			Lateral Line		Pit Privy			ivestock Pe						
Sewer	Lines ight Sewer Li		Cess Pool Seepage Pit		Sewage La Feedyard			uel Storage ertilizer Sto		☐ Abandon ☐ Oil Well				
			Seepage Fit		reeuyalu		ЦГ	erunzer sio	nage		I/Gas wei	1		
										ft.				
10 FROM	TO		LITHOLOG			FRO		TO		HO. LOG (cont.) or	PLUGGI	NG INTERVALS		
Notes:														
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) and this record is true to the best of my knowledge and belief.														
Kansas Water Well Contractor's License No														
under the business name of														
KS Departr	nent of Health									ka, Kansas 66612-1367		ne 785-296-3565.		
		eks.gov/waterwe							-			SA 82a-1212		