

W	_		RECORD		WWC-5 1249	1		ion of Wat					
1	Original Record Correction Change in     LOCATION OF WATER WELL: F							rces App. No. Well ID on Number Township Number Rat			ge Number		
T	County		AILK WEL	$\frac{1}{14}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						$\Box E \Box W$			
2		OWNER: I	ast Name:	First:	Street or	Rural	Address where well is located (if unknown, distance and						
	Business: Address:				direction fro	rection from nearest town or intersection): If at owner's address, check here:							
	Address: Address:												
	City:			State:	ZIP:			T					
3	LOCAT		4 DEPTH	IPLETED WELL: .	<b>D WELL:</b> ft.			5 Latitude:					
	WITH " SECTIO			Encountered: 1)									
	N		Dry Well	l	Datum: WGS 84 NAD 83 NAD 27								
					ER LEVEL: ft. measured on (mo-day-yr)			Source for Latitude/Longitude:					
	NW	NE		above land surface, measured on (mo-day-yr)					$(WAAS enabled? \square Yes \square No)$				
	1		-	Pump test data: Well water was ft.				□ Land Survey □ Topographic Map					
W	1	E	after	after hours pumping				Online Mapper:					
	SW	SE	after hours pumping										
	Estimated Yield:				gpm		6 E		evation:ft.  Ground Level  TOC				
					in. to ft. and in to ft			Source:  Land Survey  GPS  Topographic Map Other					
	1 mile												
	1. Domestic:       5.          Public Water Supply: well ID												
	House				g: how many wells?			11. Test Hole: well ID					
		Lawn & Garden 7. Aquifer Recharge: well ID								Uncased Ge Ge Ge Ge Ge al: how many bores?			
		☐ Livestock       8. ☐ Monitoring: well ID         ☐ Irrigation       9. Environmental Remediation: well ID								Loop $\square$ Horizontal			
3.	Feedlo	t		e 🗌 Soil Vapor I	Extraction b) Open L			Loop 🗌 Surface Discharge 📋 Inj. of Water					
	4. □ Industrial       □ Recovery       □ Injection       13. □ Other (specify):												
	Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
					C 🗌 Other	CA	SINC		z. 🗆	Cluad Clampad	U Waldad	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)												
S	□ 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)												
						w Cut					<b>C</b>	<u>,</u>	
50					n ft. to n ft. to								
9					Cement grout $\square$ Be								
					ft., From								
		-	le contaminati				— · ·				1 0		
	□ Septic ′ □ Sewer I			Lateral Line	s 🗌 Pit Privy 🗌 Sewage La			ivestock Pe uel Storage		☐ Insecticie ☐ Abandor		Vell	
	🗌 Waterti	ght Sewer Li	nes 🗆 S	Seepage Pit	Feedyard			ertilizer Sto				ven	
	Other (	Specify)			••••••	•••••			0				
	FROM	m well? TO		ITHOLOG	Distance from we	FROM		ТО		ft. HO. LOG (cont.) or I	PLUGGIN	UNTERVALS	
10	INOW	10	L			TROW		10			LUUUIN	J IIII I DI VALO	
						Notes:							
<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) and this record is true to the best of my knowledge and belief.													
K	Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)												
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.												
			eks.gov/waterwel									A 82a-1212	