

		RECORD		WWC-5	,	8367		sion of Wate			XX7 11 1F		
Original Record Correction Change in W 1 LOCATION OF WATER WELL: Fraction								ources App. No ction Number Township Num			Well ID Range Number		
I LOCATION OF WATER WELL:FractionCounty: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						4 1/4	$\begin{array}{c c} \text{Section Number} & \text{Townsmp Number} & \text{Kange Number} \\ \hline 1/4 & T & S & R & \Box E & \Box W \end{array}$						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and													
Business: di								irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:													
City: State: ZIP:													
3 LOCAT	E WELL												
WITH "X" IN 4 DEPTH OF COMPLETED WELL													
	SECTION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box							Longi	Longitude:(decimal degrees) Datum: 🗌 WGS 84 🔄 NAD 83 📄 NAD 27				
1	N WELL'S STATIC WATER LEVEL:									Latitude/Longitude:		NAD 27	
		below land surface, measured on (mo-day-yr)								unit make/model:)	
NW	NE	above land surface, measured on (mo-day-yr)								WAAS enabled?			
		Pump test data: Well water was ft.								Survey 🔲 Topogra			
W	X E	after	after hours pumping gpm Well water was ft.						nline	e Mapper:	•••••		
SW	SE	after hours pumping											
			Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
	S	Bore Hole I	Bore Hole Diameter: in. to					d <u>Source</u> : Land Survey GPS Topograp					
1 r	1		in. to					□ Other					
7 WELL WATER TO BE USED AS:													
	1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells?												
\square House	 Dewatering: how many wells? Aquifer Recharge: well ID 							\Box Uncased \Box C					
								_		al: how many bores			
2. 🗍 Irrigati										Loop 🗌 Horizont			
3. 🗌 Feedlo			Air Sparg		Soil Vapor	Extraction	n			Loop 🗌 Surface Dis			
4. Industrial Recovery Injection								13. 🗌 Other (specify):					
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 PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter													
Casing height above land surface													
	TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify)												
		vanized Steel		0	□ None	used (ope	n hole)			,peeng)			
SCREEN C	SCREEN OR PERFORATION OPENINGS ARE:												
	nuous Slot	☐ Mill Slot		auze Wrap						Other (Specify)			
		Key Punc						one (Open H	,				
										ft., From			
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. o ft. o ft. o ft. ft. to ft. to ft. from ft. to ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft													
										ft. to			
		le contaminati								10.00			
□ Septic			Lateral Line] Pit Privy			Livestock Pe		Insectic			
			Cess Pool		Sewage L	agoon		Fuel Storage		Abando			
	ight Sewer Li	nes 🗌	Seepage Pit	L	Feedyard			Fertilizer Sto	rage	🗌 Oil Wel	ll/Gas We	11	
										ft.			
10 FROM	TO		ITHOLO			FRO				HO. LOG (cont.) or		NG INTERVALS	
						_							
						Note	g•						
							3.						
11 CONT	RACTOR'	S OR LAND	OWNER'	S CERTI	FICATIO	N: This	water	well was		onstructed, 🗌 reco	nstructed	l, 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									eka, Kansas 66612-136		me 785-296-3565.	
Visit us at h	<u>ttp://www.kdh</u>	eks.gov/waterwei	ll/index.html								I	KSA 82a-1212	