

M	_	_	RECORD		WWC-5 1311			sion of Wate			Well ID		
1		Original Record         Correction         Change in Well Use           LOCATION OF WATER WELL:         Fraction				1	irces App. N				ge Number		
T	County		WAILK WEL		i 1⁄4	-			R	$\Box E \Box W$			
2		OWNER:	State:	First: ZIP:	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:								
3	LOCAT	E WELL											
J		4 DEPTH OF COMPLETED WELL: WITH "X" IN Depth(s) Groundwater Encountered: 1)						5 Latitude:(decimal degrees)					
w	SECTIO N NW  SW	NE X E	2) WELL'S ST below la above la Pump test da after	ATIC WA AND Surface and surface ata: Well w hours Well w	3) ft., or 4) [ TER LEVEL: , measured on (mo-day- , measured on (mo-day- vater was f s pumping f s pumping f	Dry We ft. -yr) -yr) ft. gpm ft.	Longitude:						
				Tield:gpm				6 Elevation:ft.  Ground Level  TOC					
	-	5		e Hole Diameter: in. to				Source:  Land Survey GPS Topographic Map					
	1 n	1		in. to ft.					□ Other				
1. 2. 3.	WELL WATER TO BE USED AS:         Domestic:       5. □ Public Water Supply: well ID         □ Household       6. □ Dewatering: how many wells?         □ Lawn & Garden       7. □ Aquifer Recharge: well ID         □ Livestock       8. □ Monitoring: well ID         □ Irrigation       9. Environmental Remediation: well ID         □ Feedlot       □ Air Sparge □ Soil Vapor Ez						·····	<ul> <li>10.   Oil Field Water Supply: lease</li> <li>11. Test Hole: well ID</li> <li>  Cased   Ducased   Geotechnical</li> <li>12. Geothermal: how many bores?</li> <li>  a) Closed Loop   Horizontal   Vertical</li> <li>  b) Open Loop   Surface Discharge   Inj. of Water</li> </ul>					
	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:												
	Water well disinfected?       Yes       No         8 TYPE OF CASING USED:       Steel       PVC       Other       CASING JOINTS:       Glued       Clamped       Welded       Threaded												
Casing diameterin. toft., Diameterin. toft., Diameterin. toft.         Casing height above land surfacein. Weightin. toft.         TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Stainless Steel         Brass       Galvanized Steel         Continuous Slot       Mill Slot         Gauze Wrapped       Torch Cut         Drilled Holes       Other (Specify)         Louvered Shutter       Key Punched         Wire Wrapped       Saw Cut         None (Open Hole)         SCREEN-PERFORATED INTERVALS:         From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Grout Intervals:       From													
	FROM	TO		ITHOLOG		FRO		TO	LIT	HO. LOG (cont.) or F	PLUGGIN	GINTERVALS	
10										(cont.) of 1			
						_							
						Notes	:						
un Ka	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 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.												
	-			Bureau of V	Vater, Geology Section, 10						. Telephone	e 785-296-3565. A 82a-1212	
	v isit us at <mark>h</mark>	<u>up.//www.Ka</u>	news.gov/waterwel	/ muex.numl							L'S	n 02a - 1212	