

W	ATER WELL RECORD Form WWC-5 1311453 Division of Water													
1		Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction						Resources App. Section Numb			Township Numbe	Well ID	inge Number	
T	County: 1/4 1/4 1/4							T S				R	$\Box E \Box W$	
2		· OWNER:	Last Name		First:		reet or Rural Address where well is located (if unknown, distance and							
-	Business: d Address: Address:							direction from nearest town or intersection): If at owner's address, check here:						
-	City:		State:	ZIP:										
3		OCATE WELL 4 DEPTH OF COMPLETED WELL:							5 Latit	ude:			(decimal degrees)	
	SECTIO			ft.		Longitude:(decimal degrees)								
	N			Dry Well		Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27								
		WELL'S STATIC WATER LEVEL:							Source for Latitude/Longitude:					
				 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) □ Land Survey □ Topographic Map □ Online Mapper:					
	NW	NE		Pump test data: Well water was ft. after hours pumping gpr										
w			- 0											
	SW	SE		Well water was ft.							11			
	SW	X		after hours pumping					Eleva	ation	r ft	Grou	nd Level □ TOC	
	<u> </u>	 S			gpm in. to	f	ft and	Ŭ	6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map					
	-	1 mile in. to									□ Other			
7	7 WELL WATER TO BE USED AS:													
	Domestic:		Public Wa				10. Oil Field Water Supply: lease							
	House			6. Dewatering: how many wells?					11. Test Hole: well ID					
	_	Lawn & Garden 7. Aquifer Recharge: well ID												
		Livestock 8. Monitoring: well ID Irrigation 9. Environmental Remediation: well ID												
	□ Irrigation 9. Environmental Remediation: well ID □ Feedlot □ Air Sparge □ Soil Vapor Ez							· · · · ·						
	Industr				1	13. Other (specify):								
W	'as a chei	nical/bact	eriological san	ple subm	itted to KDHE?] Ye	es 🗌 No	If y	ves, dat	e sar	nple was submitted	1:		
W	ater well	disinfected	1? □Yes □]	Ňo				•			-			
					C 🗌 Other									
					Diameter									
					. Weight		lbs./ft	. w	all thicl	kness	s or gauge No	• • • • • • • • • • • • • • • • • • • •		
1	TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify)													
	Steel Stainless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)													
SC	CREEN C		RATION OPE				× 1	,						
		uous Slot	🗌 Mill Slot								Other (Specify)			
~					· · · · · · · · · · · · · · · · · · ·		Cut 🗌		< - I -	,				
SC					n ft. to									
0					n ft. to									
					ft., From									
			ble contamination	on:					·					
	Septic [ateral Line					stock Pe					
	Sewer I	Lines ght Sewer I		Cess Pool leepage Pit	☐ Sewage I ☐ Feedyard	Lagoo	on L		Storage lizer Sto		□ Abando □ Oil Wel			
				eepage Fit				_ reiu	liizer Su	Jage		1/Gas we	1	
☐ Other (Specify) Direction from well? ft.														
10	FROM	TO	L	ITHOLOG	GIC LOG		FROM]	ГО	LIT	HO. LOG (cont.) or	PLUGGI	NG INTERVALS	
								_						
							Notes:	otes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged														
un	ider my ju	irisdiction	and was compl	eted on (n	no-day-year)		and	d this i	record	is tru	ue to the best of my	knowle	dge and belief.	
K	ansas Wa	ter Well C	ontractor's Lice	nse No	This V	Vate	r Well Re	ecord v	was con	mple	eted on (mo-day-ye	ar)	-	
un	der the b	usiness nai	ne of											
	KS Departn	nent of Health			ELL OWNER and retai Vater, Geology Section,								ne 785-296-3565.	
	-		heks.gov/waterwell		,			, 2	,	· r ·	,		SA 82a-1212	