

| W  | _   | _  | <b>RECORD</b>   | -   | WWC-5 1308  |   |                                      | sion of Wate   |  | w                            | Vell ID |             |  |
|--|---|--|---|---|---|---|--------------------------------------|--|--|------------------------------|---------|-------------|--|
| 1  |   | Original Record       Correction       Change in Well Use         LOCATION OF WATER WELL:       Fraction |   |   |   |   | Resources App. No.<br>Section Number |  |  | Township Number Range Number |         |             |  |
| -  | County  |  | 1⁄4   | 1 0   |   |   |                                      | $\Box E \Box W$  |  |                              |         |             |  |
| 2  | WELL OWNER: Last Name:       First:       Street or Rural Address where well is located (if unknown, distance an direction from nearest town or intersection): If at owner's address, check here Address:         Address:       City:       State:       ZIP:  |  |   |   |   |   |                                      |  |  |                              |         |             |  |
| 3  | LOCAT   | E WELL   |   |   |   |   |                                      |  |  |                              |         |             |  |
|  | WITH "  | 4 DEPTH OF COMPLETED WELL:<br>Depth(s) Groundwater Encountered: 1)                                       |   |   |   |   |                                      |  |  |                              |         | -           |  |
| W  | SECTIO<br>NW<br>X<br>SW   | NE<br>E  | 2)<br>WELL'S ST<br>below 1<br>above 1<br>Pump test d<br>after   | ft. 3<br>TATIC WA'<br>and surface,<br>and surface,<br>ata: Well w<br>hours<br>Well w<br>hours | 3) ft., or 4) [<br>TER LEVEL:<br>measured on (mo-day<br>measured on (mo-day-<br>rater was f<br>pumping<br>pumping | ☐ Dry W€<br>ft.<br>-yr)<br>-yr)<br>t.<br>gpm<br>ft. | Longitude:                           |  |  |                              |         |             |  |
|  |   | <br>S  | Estimated Y   |   | gpm<br>in. to ft. and   |   |                                      |  | Source:  Land Survey  GPS  Topographic Map |                              |         |             |  |
|  | 1 n   | -  |   | in. to ft.  |   |   |                                      |  |  |                              |         |             |  |
| 1.<br>2.<br>3.   | WELL V<br>Domestic:<br>Housel<br>Lawn a<br>Livesto<br>Irrigati<br>Feedlo  | nold<br>& Garden<br>ock<br>on<br>t   | FO BE USED AS:         5.       Public Water Supply: well ID         6.       Dewatering: how many wells?         7.       Aquifer Recharge: well ID         8.       Monitoring: well ID         9.       Environmental Remediation: well ID         9.       Air Sparge       Soil Vapor Extr         0.       Recovery       Injection |   |   |   | ·····                                | <ul> <li>10. □ Oil Field Water Supply: lease</li> <li>11. Test Hole: well ID</li> <li>□ Cased □ Uncased □ 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> <li>13. □ Other (specify):</li> </ul> |  |                              |         |             |  |
|  |   |  |   |   | -   | V D   | NT                                   |  |  |                              |         |             |  |
|  | Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:  |  |   |   |   |   |                                      |  |  |                              |         |             |  |
|  |   |  |   |   | C 🗖 Other   | C   | ASIN                                 | C IONTS  | 2. L                                       | Cluad  Clampad               | Wolded  | Threaded    |  |
| 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       in. to       in. Weight       lbs./ft.       Wall thickness or gauge No.       ft.         TYPE OF SCREEN OR PERFORATION MATERIAL: |   |  |   |   |   |   |                                      |  |  |                              |         |             |  |
| 9 GROUT MATERIAL:  Neat cement  Cement grout Bentonite Other   |   |  |   |   |   |   |                                      |  |  |                              |         |             |  |
| Grout Intervals:       From  |   |  |   |   |   |   |                                      |  |  |                              |         |             |  |
|  | FROM  | ТО   |   | ITHOLOG   |   | FRO   |                                      |  |  | HO. LOG (cont.) or PL        | UGGINO  | G INTERVALS |  |
|  |   |  |   |   |   |   |                                      |  |  |                              |         |             |  |
|  |   |  |   |   |   |   |                                      |  |  |                              |         |             |  |
|  |   |  |   |   |   |   |                                      |  |  |                              |         |             |  |
|  |   |  |   |   |   |   |                                      |  |  |                              |         |             |  |
|  |   |  |   |   |   | -   |                                      |  |  |                              |         |             |  |
|  |   |  |   |   |   | Notes   | :                                    |  |  |                              |         |             |  |
|  |   |  |   |   |   |   |                                      |  |  |                              |         |             |  |
| un<br>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) |  |   |   |   |   |                                      |  |  |                              |         |             |  |
|  | KS Departr  | nent of Health   |   |   |   |   |                                      |  |  | eka, Kansas 66612-1367. T    |         |             |  |
|  | Visit us at <u>h</u>  | ttp://www.kdł  | neks.gov/waterwel   | l/index.html  |   |   |                                      |  |  |                              | KS      | A 82a-1212  |  |