

| W                                                                                                                        | _                                                                                           |                                          | RECORD           | -                                  | WWC-5 1173<br>e in Well Use                                                    |                                                                                            |                                                                              | on of Wate                                       |                                                          |                              | Well ID   |               |  |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------|------------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|------------------------------|-----------|---------------|--|
| 1                                                                                                                        | Original Record Correction Chang                                                            |                                          |                  |                                    | Fraction                                                                       |                                                                                            | Resources App. No. Section Number                                            |                                                  |                                                          | Township Number Range Number |           | ga Numbar     |  |
| T                                                                                                                        | County:                                                                                     |                                          |                  |                                    | $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$                        |                                                                                            |                                                                              |                                                  |                                                          |                              | -         |               |  |
| 2                                                                                                                        | ,                                                                                           | OWNER:                                   |                  | First:                             |                                                                                | $\frac{1}{4}$ TSREWStreet or Rural Address where well is located (if unknown, distance and |                                                                              |                                                  |                                                          |                              |           |               |  |
| 4                                                                                                                        | Business:                                                                                   |                                          |                  |                                    | rection from nearest town or intersection): If at owner's address, check here: |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | Address:                                                                                    |                                          |                  |                                    |                                                                                |                                                                                            | ection nom nearest town of intersection). If at owner's address, eneck here. |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | Address:                                                                                    |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | City:                                                                                       |                                          | State:           |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| 3                                                                                                                        | LOCAT                                                                                       | E WELL                                   | OF COM           |                                    | ft 5 Lotitudo.                                                                 |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | <b>4 DEPTH OF COMPLETED WELL:</b><br>Depth(s) Groundwater Encountered: 1)                   |                                          |                  |                                    |                                                                                |                                                                                            | π.                                                                           | 5 Latitude:                                      |                                                          |                              |           |               |  |
|                                                                                                                          | SECTIO                                                                                      |                                          |                  | Longitude:                         |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | Ν                                                                                           | 1                                        |                  |                                    | 3) ft., or 4) [<br>TER LEVEL:                                                  |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          | n                |                                    | Source for Latitude/Longitude:                                                 |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | NIN                                                                                         | NE                                       | -yr)             |                                    | $(WAAS enabled? \square Yes \square No)$                                       |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | NW                                                                                          | NE                                       |                  | vater was                          |                                                                                |                                                                                            |                                                                              | □ Land Survey □ Topographic Map                  |                                                          |                              |           |               |  |
| w                                                                                                                        |                                                                                             | E                                        | -                | after hours pumping gpm            |                                                                                |                                                                                            |                                                                              |                                                  | ☐ Online Mapper:<br>6 Elevation:ft. ☐ Ground Level ☐ TOC |                              |           |               |  |
|                                                                                                                          | I                                                                                           | 1                                        |                  | Well water was ft.                 |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | <b>X</b> - SW                                                                               | SE                                       | after            | after hours pumping gpm            |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  | Estimated Yield:gpm                |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | 5                                                                                           | S                                        | Bore Hole D      | Bore Hole Diameter: in. to ft. and |                                                                                |                                                                                            |                                                                              |                                                  | Source:  Land Survey  GPS  Topographic Map               |                              |           |               |  |
|                                                                                                                          | 1 n                                                                                         | nile                                     |                  | in. to                             | ft.                                                                            | Other                                                                                      |                                                                              |                                                  |                                                          |                              |           |               |  |
| 7                                                                                                                        | 7 WELL WATER TO BE USED AS:                                                                 |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| 1.                                                                                                                       | Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease                 |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | House                                                                                       | Household 6. Dewatering: how many wells? |                  |                                    |                                                                                |                                                                                            |                                                                              | 11. Test Hole: well ID                           |                                                          |                              |           |               |  |
|                                                                                                                          | 🗌 Lawn &                                                                                    |                                          |                  |                                    | ased                                                                           | Uncased Ge                                                                                 | otechnica                                                                    | 1                                                |                                                          |                              |           |               |  |
|                                                                                                                          | Livesto                                                                                     | ock                                      |                  | g: well ID                         |                                                                                |                                                                                            | 12. Geot                                                                     | herma                                            | al: how many bores?                                      |                              |           |               |  |
|                                                                                                                          | 🗌 Irrigati                                                                                  |                                          |                  | D                                  |                                                                                |                                                                                            |                                                                              | Loop 🗌 Horizontal                                |                                                          |                              |           |               |  |
|                                                                                                                          | Feedlo                                                                                      |                                          |                  |                                    | Soil Vapor Extraction                                                          |                                                                                            |                                                                              | b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water |                                                          |                              |           |               |  |
| 4. 🗌 Industrial 🔅 Recovery 🗋 Injection 13. 🗋 Other (specify):                                                            |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| W                                                                                                                        | 'as a chei                                                                                  | mical/bacte                              | riological san   | nple subm                          | itted to KDHE?                                                                 | Yes 🗌 N                                                                                    | o It                                                                         | f yes, dat                                       | e san                                                    | nple was submitted:          |           |               |  |
|                                                                                                                          |                                                                                             | disinfected                              |                  |                                    |                                                                                |                                                                                            |                                                                              | •                                                |                                                          | 1                            |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    | C 🗆 Other                                                                      | CA                                                                                         | SING                                                                         | JOINTS                                           | S: 🗆                                                     | Glued Clamped                | □ Welded  | 1 🗆 Threaded  |  |
| 8 TYPE OF CASING USED: Steel Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                  |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | □ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)                              |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | □ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)                          |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| SC                                                                                                                       | SCREEN OR PERFORATION OPENINGS ARE:                                                         |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          | □ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          | Key Punch        |                                    |                                                                                | aw Cut                                                                                     |                                                                              |                                                  |                                                          |                              |           |               |  |
| SC                                                                                                                       |                                                                                             |                                          |                  |                                    | n ft. to                                                                       | ft., Froi                                                                                  | -<br>n                                                                       | ft. t                                            | o                                                        | ft., From                    | ft. to    | ft.           |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    | n ft. to                                                                       |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| 9                                                                                                                        |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From ft. to                                               |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          | le contaminati   |                                    | ,                                                                              |                                                                                            |                                                                              | <i>,</i>                                         |                                                          |                              |           |               |  |
| 1                                                                                                                        | Sentic '                                                                                    | Tank                                     |                  | ateral Line                        | s 🗌 Pit Privy                                                                  |                                                                                            |                                                                              | vestock Pe                                       |                                                          | Insecticid                   | e Storage |               |  |
|                                                                                                                          | Sewer l                                                                                     | Lines                                    |                  | Cess Pool                          | Sewage La                                                                      | agoon                                                                                      | 🗌 Fu                                                                         | iel Storage                                      | <b>;</b>                                                 | Abandone                     | ed Water  | Well          |  |
|                                                                                                                          | 🗌 Waterti                                                                                   | ght Sewer L                              | ines 🗌 S         | Seepage Pit                        | Feedyard                                                                       |                                                                                            | 🗌 Fe                                                                         | ertilizer Sto                                    | orage                                                    | □ Oil Well/                  | Gas Well  |               |  |
| □ Other (Specify)                                                                                                        |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| Di                                                                                                                       | rection fro                                                                                 | m well?                                  |                  |                                    | Distance from w                                                                | /ell?                                                                                      |                                                                              |                                                  |                                                          |                              |           |               |  |
| 10                                                                                                                       | FROM                                                                                        | TO                                       | L                | ITHOLOG                            | GIC LOG                                                                        | FROM                                                                                       |                                                                              | TO                                               | LIT                                                      | HO. LOG (cont.) or P         | LUGGIN    | G INTERVALS   |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                | Notes:                                                                                     |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
|                                                                                                                          |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| 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                                                                                |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| under the business name of                                                                                               |                                                                                             |                                          |                  |                                    |                                                                                |                                                                                            |                                                                              |                                                  |                                                          |                              |           |               |  |
| ]                                                                                                                        | KS Departn                                                                                  | nent of Health                           |                  |                                    | Vater, Geology Section, 1                                                      |                                                                                            |                                                                              |                                                  |                                                          |                              |           | 785-296-3565. |  |
|                                                                                                                          | -                                                                                           |                                          | eks.gov/waterwel |                                    |                                                                                |                                                                                            |                                                                              | ,                                                |                                                          |                              |           | SA 82a-1212   |  |