

W	_		RECORD		WWC-5 1354			ion of Wat			Well ID		
1	- 0	Original Record Correction Change in Well Use COCATION OF WATER WELL: Fraction						11				ge Number	
_	County			1/4 1/4 1/4	1⁄4		$T \qquad S \qquad R \qquad \Box E \ \Box W$						
2	WELL Business: Address: Address: City:	OWNER:		State:			Rural Address where well is located (if unknown, distance and om nearest town or intersection): If at owner's address, check here:						
3	LOCAT	E WELL											
		4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)							5 Latitude:(decimal degrees) Longitude:(decimal degrees)				
w	SECTIO NW NW SW	N NE X E	2) WELL'S ST below h above h Pump test d after	ft. 3 CATIC WA and surface, and surface, ata: Well w hours Well w	3) ft., or 4) [TER LEVEL: , measured on (mo-day-	, or 4) □ Dry Well ft. (mo-day-yr) (mo-day-yr) ft. gpm ft.			Longitude:				
			Estimated Y		spin		6 Elevation:ft. Ground Level TOC						
	-	s		Bore Hole Diameter: in. to ft. and					Source: \Box Land Survey \Box GPS \Box Topographic Map				
	1 n	1			in. to	ft.		□ Other					
1. 2. 3.	Domestic: Housel Lawn d Livesto Irrigati Feedlo	nold & Garden ock on t	Garden 7. Aquifer Recharge: well ID k 8. Monitoring: well ID 9. Environmental Remediation: well ID Air Sparge Soil Vapor Extr					 10. Oil Field Water Supply: lease 11. Test Hole: well ID Cased Uncased Geotechnical 12. Geothermal: how many bores?					
	4. Industrial Recovery Injection 13. Other (specify): Was a chemical/bacteriological sample submitted to KDHE? Yes												
						res 📋	INO I	n yes, dat	e sai	npie was submitted:	•••••		
	Water well disinfected? Yes No 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Ca Ca T` S(Casing diameterin. toft., Diameterin. toft., Diameterin. toft. Casing height above land surfacein. Weight												
					n ft. to								
					Cement grout Be								
Grout Intervals: From													
	FROM	TO		ITHOLOG		FRO		ТО	LIT	HO. LOG (cont.) or P	LUGGIN	G INTERVALS	
						+							
						Notes	:						
un Ka	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)												
	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.												
	Visit us at <u>h</u>	ttp://www.kdl	neks.gov/waterwel	l/index.html							KS	A 82a-1212	