

| W | _ | | RECORD | - | WWC-5 1193 e in Well Use | | | ion of Wate | | | Well ID | | |
|--|--|--|---------------------------------------|---|---|--|---------------------|--|---------------------------------|------------------------|---------------------------|--------------|--|
| 1 | Original Record Correction Chang | | | | | | rces App. Non Numbe | | Township Number Range Numb | | a Number | | |
| T | County: | | | | 1/4 $1/4$ $1/4$ $1/4$ | | | T | | | $S R \square E \square W$ | | |
| 2 | | OWNER: | | First: | | treet or Rural Address where well is located (if unknown, distance and | | | | | | | |
| - | Business: | | | 1 1150. | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| | Address: | | | | | | | | | , | , | | |
| | Address: | | | State: | ZIP: | | | | | | | | |
| 3 | City: LOCAT | | | State. | ZIP: | | | | | | | | |
| 5 | WITH " | IPLETED WELL: | | ft. | 5 Latitude:(decimal degrees) | | | | | | | | |
| | | EION BOX . Depth(s) Groundwater Encountered: 1) | | | | | | Longitude: | | | | | |
| | Ν | 1 | | 3) ft., or 4) TER LEVEL: | | | | | | | | | |
| | | | п. /-yr)п | | Source for Latitude/Longitude: | | | | | | | | |
| | NW | NE | | | | □ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) | | | | | | | |
| | IN W | NE | | ☐ above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. | | | | | □ Land Survey □ Topographic Map | | | | |
| W | X | E | ~ | | s pumping | | | Online Mapper: | | | | | |
| | SW | SE | | | vater was | | | | | | | | |
| | 3₩ | . gpm | | 6 Elevation:ft. Ground Level TOC | | | | | | | | | |
| | | S | gpm | | | | | Land Survey GF | | | | | |
| | | S Bore Hole Diameter: in. to in. to | | | | | | | | | | | |
| 7 | 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | Domestic: | | | | | | | | | | | | |
| | Housel | Household 6. Dewatering: how many wells? | | | | | | 11. Test Hole: well ID | | | | | |
| | | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | | | | | | |
| | | Livestock 8. Monitoring: well ID | | | | | | | | al: how many bores? | | | |
| | □ Irrigation 9. Environmental Remediation: well ID | | | | | | | a) Closed Loop | | | | | |
| | ☐ Feedlo | | | □ Air Sparge □ Soil Vapor Extraction □ Recovery □ Injection | | | | b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify): | | | | | |
| | | | | | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted: | | | | | | | | | | | | |
| | | | | | C D Other | C | SIM | C IONTS | · | | Walda | d 🗖 Threadad | |
| 8 TYPE OF CASING USED: Steel Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter | | | | | | | | | | | | | |
| Casing diameter in. to it., Diameter in. to it., Diameter in. to it. Diameter in. to it. 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) □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | | | | |
| SC | | | | | n ft. to | | | × 1 | | ft From | ft to | ft | |
| 50 | | | | | n ft. to | | | | | | | | |
| 9 | | | | | Cement grout \square B | | | | | | | | |
| | | | | | ft., From | | | | | | | | |
| | | | ole contaminati | | ····, · · · · · · · · · · · · · · · · · | | | , | | | | | |
| | 🗌 Septic ' | Tank | 🗆 I | Lateral Line | s 🗌 Pit Privy | | | ivestock Pe | | Insecticid | | | |
| | Sewer l | Lines | | Cess Pool | Sewage La | agoon | | uel Storage | • | | | Well | |
| | U Waterti | Ight Sewer L | ines \Box S | seepage Pit | Sewage La | | | ertilizer Sto | orage | 🗌 Oil Well/ | Gas Well | | |
| Di | rection fro | om well? | ••••• | | Distance from w | vell? | | | | ft | | | |
| | FROM | TO | | ITHOLOG | | FROM | | | | HO. LOG (cont.) or P | LUGGIN | G INTERVALS | |
| | - | - | | | | | | | | | | | |
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| | | | | | | Notes | | | | | | | |
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| 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) and this record is true to the best of my knowledge and belief. | | | | | | | | | | | | | |
| K | Kansas Water Well Contractor's License No | | | | | | | | | | | | |
| 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. 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. | | | | | | | | | | | | |
| | - | | and Environment, neks.gov/waterwel | | vater, Geology Section, I | 000 SW Jacl | kson Si | i., Suite 420, | rope | ka, Kansas 00012-1367. | | SA 82a-1212 | |
| | visit us at n | <u>p.//www.Kar</u> | icks.gov/waterwel | unuex.ittiii | | | | | | | IZ C | 11 02a-1212 | |