

W	_		RECORD		WWC-5 1268			ion of Wate						
	Original Record Correction Change i						urces App. No tion Number Township Numb			well ID er Range Number				
I	County		WAIEK WEL	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		on Numbe				$\Box E \Box W$				
2			Last Name:		First:		t or Rural Address where well is located (if unknown, distance and							
-	Business: Address: Address:	O WILK	Last Marie.		direction from nearest town or intersection): If at owner's address, check here:									
3	City: LOCAT	FWFII		State:	ZIP:									
5		"H "X" IN 4 DEPTH OF COMPLETED WELL:												
	SECTIO	N BOX:	Depth(s) Gr											
	Ν	$\begin{array}{c} 2) \dots \dots ft. 3) \dots \dots ft., \text{ or } 4) \square \text{ Dry Well} \\ \text{WELL'S STATIC WATER LEVEL: } \dots \dots ft. \end{array}$								Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				
			and surface.			GPS (unit make/model:)								
	NW	NE	above la	bove land surface, measured on (mo-day-yr)				$(WAAS enabled? \square Yes \square No)$						
			- 0	Pump test data: Well water was ft.					□ Land Survey □ Topographic Map □ Online Mapper:					
W			after	after hours pumping gpm Well water was ft.										
	SW		after	after hours pumping										
		X	Estimated Y		gpm			6 Elevation:ft. Ground Level TOC						
	-	S	Bore Hole I			in. to ft. and			Source: Land Survey GPS Topographic Map Other					
	7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID													
	□ Housel			6. Dewatering: how many wells?				11. Test Hole: well ID						
	🗌 Lawn &	& Garden		7. Aquifer Recharge: well ID							ased Geotechnical			
		Livestock 8. Monitoring: well ID												
	☐ Irrigati ☐ Feedlor			Air Sparge	al Remediation: well II		••••			Loop 🗌 Horizonta Loop 🔲 Surface Disc				
	Industr			e 🗌 Soil Vapor I										
	4. Industrial Recovery Injection 13. Other (specify): Was a chemical/bacteriological sample submitted to KDHE? Yes													
	Water well disinfected? Yes No													
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Ca	Casing diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter													
	Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
T	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					ne (Open H	,					
SC					n ft. to									
0					n ft. to Cement grout 🛛 🗆 Be									
					. ft., From							••••		
			ible contaminati		····,			,						
	Septic '			Lateral Line				ivestock Pe						
	Sewer I	Lines ght Sewer		Cess Pool Seepage Pit	☐ Sewage La ☐ Feedyard	goon		uel Storage ertilizer Sto		Abandor		Well		
									лаge					
Di	rection fro				Distance from w	ell?				ft.				
10	FROM	TO	I	ITHOLOG	GIC LOG	FROM	Л	TO	LIT	HO. LOG (cont.) or I	PLUGGIN	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.														
Ka	Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)													
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.													
	-		lheks.gov/waterwel									SA 82a-1212		