

M	_		RECORD		WWC-5	120			sion of Wat			Well ID			
1	Original Record Correction Chang			e in Well Use Fraction	1	Resources Section					nge Number				
T	County:											$\Box E \Box W$			
2		OWNER: I	ast Name:	First:	Street or	Rura	al Address	Address where well is located (if unknown, distance and							
	Business:								direction from nearest town or intersection): If at owner's address, check here:						
	Address: Address:														
	City:			State:	ZIP:										
3	LOCAT		4 DEPTH	IPLETED W	ELL:		ft	5 Latit	nqe.			(decimal degrees)			
	WITH "		Depth(s) Groundwater Encountered: 1)						5 Latitude:(decimal degrees) Longitude:(decimal degrees)						
		ECTION BOX: N $2) \dots ft. 3) \dots ft. or 4) \square$									WGS 84 🗌 NAE				
			WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr)								Latitude/Longitude:		,		
	NW	NF	above land surface, measured on (mo-day-yr)						□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)						
			Pump test data: Well water was ft.						□ Land Survey □ Topographic Map						
W		E	after hours pumping gpm Well water was ft.							Online	e Mapper:				
	SW	SE	after hours pumping												
	X		Estimated Y		5pm	6 Elevation			n :ft. Ground Level TOC						
		S	Bore Hole D	in. to ft. and				Source: Land Survey GPS Topographic Map							
1 mile															
	Domestic:				ter Supply: we	11 ID			10 🗆 0	il Fie	ld Water Supply: le	ase			
	House			5. Dewater Supply: well ID 6. Dewatering: how many wells?											
	🗌 Lawn d			7. 🔲 Aquifer Recharge: well ID					Cased Uncased Geotechnical						
					g: well ID al Remediation:				12. Geothermal: how many bores? a) Closed Loop						
	☐ Ingau ☐ Feedlo		9. El	Extraction	••••	b) Open Loop Surface Discharge Inj. o									
4.	🗌 Industi	rial		Recovery							(specify):				
W	as a che	mical/bacte	riological san	iple subm	itted to KDH	[E ? □]Yes 🗌 🛚	lo	If yes, dat	e sar	nple was submitted	d:			
			? 🗌 Yes 🔲 🛛												
											Glued Clamped				
	Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No														
						•••••		It.	wan une	KIIC55	of gauge 110				
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify)															
	Brass Galvanized Steel Concrete tile None used (open hole)														
SC	SCREEN OR PERFORATION OPENINGS ARE:														
			Key Punch									•••••			
SC											ft., From	ft. t	o ft.		
											ft., From				
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other															
			II. to le contaminatio		. п., From	•••••	. II. to		n., From	1	It. to	π.			
	Septic '			Lateral Line				🗆 L	livestock Po	ens	☐ Insectic	ide Storag	je		
	Sewer]			Cess Pool					Fuel Storage		Abando				
		ight Sewer Li	nes 🗆 S	eepage Pit	☐ Fee			Πŀ	Fertilizer Sto	orage	🗌 Oil Wel	ll/Gas Wel	1		
											ft.				
	FROM	TO		ITHOLOG			FROM		TO		HO. LOG (cont.) or		NG INTERVALS		
_															
							Notes								
11	CONT	RACTOR	SOR LAND	WNER'	CERTIFIC	ΔΤΙΟ	N: This w	ater	well was		onstructed, 🗌 reco	nstructed	or nlugged		
un	der mv i	urisdiction a	nd was compl	eted on (n	o-dav-vear).		8	nd tl	his record	is tru	e to the best of my	v knowled	dge and belief.		
Ka	ansas Wa	ter Well Co	ntractor's Lice	ense No	1	This W	ater Well	Reco	ord was co	mple	ted on (mo-day-ye	ear)	-		
un	der the b	usiness nam	e of	WATER W	ELL OWNER an	 d retain	one for your	recor	ds Fee of \$	5 00 f	or each <u>constructed</u> we	<u></u> 11			
	-	nent of Health		Bureau of V							ka, Kansas 66612-136	7. Telephor	ne 785-296-3565. SA 82a-1212		