

WATER W		_	Form		5	6394		sion of Wate			XX / 11 TT			
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction							Resources App. N Section Number							
I LOCATION OF WATER WELL:FractionCounty: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						4 ¹ /4								
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and														
Business:	Business: dir								rection from nearest town or intersection): If at owner's address, check here:					
Address: Address:														
City:			State:	ZIP:										
3 LOCATE WELL														
4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)														
	SECTION BOA: $(1, 2)$ ft (2)													
Ν	WELL'S STATIC WATER LEVEL:													
			below land surface, measured on (mo-day-yr)							unit make/model:)		
NWN	NE		above land surface, measured on (mo-day-yr)] No)			
		Pump test data: Well water was ft.					□ Land Survey □ Topographic Map							
W X	E	after hours pumping gp Well water was ft.						□ Online Mapper:						
SW	SE	after hours pumping												
		Estimated Yield:gpm					6 Elevation			n:ft. Ground Level TOC				
S		Bore Hole D	Bore Hole Diameter: in. to											
1 mile-			in. to				t. 🗌 Other							
7 WELL WATER TO BE USED AS:														
1. Domestic:	1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells?													
	Lawn & Garden 7. Aquifer Recharge: well ID													
Livestock										al: how many bores				
2. 🗌 Irrigation	ation 9. Environmental Remediation: well ID.									Loop 🗌 Horizonta				
	3. 🗌 Feedlot 🗌 Air Sparge 🗌 Soil Vapor Ex									Loop Surface Dis				
4. Industrial			Recovery		Injection					specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:														
						0	ACINI							
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded														
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														
TYPE OF SCR						100		,, un unon		or gauge rior min				
□ Steel		nless Steel	☐ Fiber		D PVC			🗌 Oth	ner (S	Specify)				
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)														
	SCREEN OR PERFORATION OPENINGS ARE:													
		☐ Mill Slot		auze Wrap						Other (Specify)	•••••			
		□ Key Punch								ft., From	ft	to ft		
										ft., From				
Grout Intervals:	From	ft. to								ft. to				
Nearest source					D : D :		— .				· 1 . G.			
Septic Tanl			Lateral Line Cess Pool	es [Pit Privy Sewage Lage	agoon		Livestock Pe Fuel Storage		☐ Insectic ☐ Abando				
			Seenage Pit	l [Feedyard	agoon		Fertilizer Sto	prage	☐ Abando				
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)														
	vell?									ft.				
10 FROM	TO	L	ITHOLO	GIC LOG	ſ	FRO	М	TO	LIT	HO. LOG (cont.) or	PLUGG	ING INTERVALS		
<u>├</u> ─── <u>├</u> ──														
	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 Department	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.													
-		eks.gov/waterwel			557 Section, I	JUD D W JdC		, Suite 420,	robe	Au, Muisas 00012-130		KSA 82a-1212		