

W	_		_		<b>WWC-5</b> e in Well Use	1102	2834		sion of Wate			Well ID		
1	Original Record Correction Chang				Fraction		Resources App Section Num					nge Number		
-	County:				1/4 1/4 1/4 1/4			5000	1 0			$\Box E \Box W$		
2	Business: Address: Address:	OWNER: L		direction from ne				al Address where well is located (if unknown, distance and earest town or intersection): If at owner's address, check here:						
3	City: LOCAT	E WELL		ZIP:										
3	WITH "		IPLETED WI			5 Latitude:(decimal degrees)								
	SECTIO		Depth(s) Groundwater Encountered: 1)           2) ft.         3) ft., or 4) □						<b>Longitude:</b>					
W	NW	NE X E	WELL'S STATIC WATER LEVEL: below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. after hours pumping				ft. 7-yr) ft. . gpm ft.		Datum:  WGS 84 NAD 83 NAD 27 <u>Source for Latitude/Longitude</u> : GPS (unit make/model:			) No)		
	1	J I	after hours pumping gpm Estimated Yield:gpm						6 Elevation:ft.  Ground Level  TOC					
		S		Bore Hole Diameter: in. to ft				ad <u>Source</u> : □ Land Survey □ C			SPS 🔲 Topographic Map			
	1 r	nile		in. to f					□ Other					
7	WELL V	WATER TO	) BE USED A											
	Domestic:5. □ Public Water Supply: well ID□ Household6. □ Dewatering: how many wells? .													
	□ Housel □ Lawn ∂								Test Hole: well ID					
	Livesto			echarge: well ID g: well ID				12. Geothermal: how many bores?						
	🔲 Irrigati		9. En	vironmenta	l Remediation: well ID				a) Closed Loop $\square$ Horizontal $\square$ Vertical					
	☐ Feedlo		e 🔲 Soil Vapor Extraction				b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water							
	🗌 Industi			Recovery	🗌 Injec						(specify):			
			0	-	itted to KDH	<b>E</b> ? □	Yes 🗌	No	If yes, dat	e sar	nple was submitted	d:		
					<u> </u>		0		G LODIER					
											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													
							100		, un uno		or gauge rior min			
	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:													
		nuous Slot red Shutter	☐ Mill Slot		auze Wrapped Tire Wrapped				one (Open H					
SC											ft., From	ft. to	ft.	
											ft., From			
	GROUT	MATERIA	L: □ Neat c	ement	Cement grout		entonite	Ot	ther					
					ft., From	•••••	. ft. to	•••••	ft., From		ft. to	ft.		
	earest sou		e contaminatio	o <b>n:</b> Lateral Line	s 🗌 Pit 1	Driva		Пι	Livestock Pe	anc	☐ Insectic	ida Storage		
	Sewer I			Cess Pool			agoon		Fuel Storage			0		
	U Waterti	ight Sewer Lin	nes 🗆 S	leepage Pit	☐ Fee	dyard			Fertilizer Sto					
	Other (	Specify)									-			
	rection fro FROM	m well?		ITHOLOG		trom w	FRO		ТО		HO. LOG (cont.) or		CINTEDVALS	
10	TROM	10	L		JIC LUG		FKU	V1	10		110. LOG (collt.) OF	LUGGIN	U IIVIEK VALS	
								$\rightarrow$						
_														
							TAT: 4							
Notes:														
11	CONT	RACTOR'S	OR LANDO	WNER'S	<b>5 CERTIFIC</b>	ATIO	N: This v	vater	well was		onstructed, 🗌 reco	nstructed.	or plugged	
un	der my ju	urisdiction an	nd was comple	eted on (n	no-day-year)			and th	his record	is tru	ie to the best of my	y knowled	ge and belief.	
											eted on (mo-day-ye			
un	uer the b	usiness nam	Send one conv to	WATER W	ELL OWNER and	d retain	one for you	r recor	ds. Fee of \$	f	or each <u>constructed</u> we	 11.		
	-	nent of Health a		Bureau of W							eka, Kansas 66612-136	7. Telephon	e 785-296-3565. SA 82a-1212	