

W	_		RECORD		WWC-5 1094			ion of Wate			Well ID		
1	Original Record       Correction       Change in Well Use         LOCATION OF WATER WELL:       Fraction						Resources App. No. Section Number			Township Number         Range Number			
County:					1/4 1/4 1/4	1⁄4		-1	T S	R	-		
2	í	OWNER:	State:	First: ZIP:	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:								
3	LOCAT	E WELL											
U		4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)						5 Latitude:					
w	SECTIO NW NW SWX	N NE     E	2) WELL'S ST	Dry We ft. -yr) -yr) ft. gpm ft.	] Dry Well ft. yr) /r) gpm		Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: GPS (unit make/model:) (WAAS enabled? Yes No) Land Survey Topographic Map Online Mapper:						
			Estimated Y	Estimated Yield:gpm				6 Elevation:ft.  Ground Level  TOC					
		5	Bore Hole D	Bore Hole Diameter: in. to ft.				Source: Land Survey GPS Topogr					
1 mile													
1. 2. 3.	Domestic: Housel Lawn & Livesto	Domestic:       5. □ Public Water Supply: well ID         □ Household       6. □ Dewatering: how many wells?         □ Lawn & Garden       7. □ Aquifer Recharge: well ID         □ Livestock       8. □ Monitoring: well ID         □ Irrigation       9. Environmental Remediation: well ID         □ Feedlot       □ Air Sparge       □ Soil Vapor Ex						<ul> <li>10. Oil Field Water Supply: lease</li> <li>11. Test Hole: well ID</li> <li>Cased Ducased Geotechnical</li> <li>12. Geothermal: how many bores?</li> <li>a) Closed Loop Horizontal Vertical</li> <li>b) Open Loop Surface Discharge Inj. of Water</li> <li>13. Other (specify):</li> </ul>					
	Was a chemical/bacteriological sample submitted to KDHE?       Yes       No       If yes, date sample was submitted:												
	Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter													
					ft., From	ft. to	•••••	ft., From		ft. to	It.		
Nearest source of possible contamination:         Septic Tank       Lateral Lines       Pit Privy       Livestock Pens       Insecticide Storage         Sewer Lines       Cess Pool       Sewage Lagoon       Fuel Storage       Abandoned Water Well         Watertight Sewer Lines       Seepage Pit       Feedyard       Fertilizer Storage       Oil Well/Gas Well         Other (Specify)       Other (Specify)       Sever Storage       Oil Well/Gas Well													
					Distance from w							CINTEDVALS	
10	FROM	ТО	L	ITHOLOG	MC LUG	FROM	VI	10		HO. LOG (cont.) or	LUGGIN	JINIEKVALS	
						NT - 4 -							
						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)													
]	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.												
	-		neks.gov/waterwell					•,	r			A 82a-1212	