

M	_		RECORD		WWC-5 1081	1		ion of Wat					
1								sources App. No ection Number Township Num			Well ID		
I	LOCATION OF WATER WELL: County:				FractionSect $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			1 0			$\Box E \Box W$		
2		OWNER: 1	ast Name:		First:				where well is located (if unknown, distance and				
4	Business:		Last Ivanie.		11150.		rom nearest town or intersection): If at owner's address, check here:						
	Address:												
	Address: City:			State:	ZIP:								
3	LOCAT	E WELL											
J	WITH "					IPLETED WELL: ft. Encountered: 1) ft.							
	SECTIO			Bncountered: 1) 3) ft., or 4) [e:				
	Ν	1			TER LEVEL:			Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
			☐ below la	 □ 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					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) □ Land Survey □ Topographic Map □ Online Mapper:				
	NW	NE											
			-										
W		E	alter										
	SW	SE	after										
	X		Estimated Y	timated Yield:gpm				6 Elevation:					
		S	Bore Hole D		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 10. □ Oil Field Water Supply: lease												
	Housel			g: how many wells?			11. Test Hole: well ID						
	🗌 Lawn &	& Garden	7. 🗖	Aquifer R	echarge: well ID			Cased Uncased Geotechnical					
	Livesto				well ID				al: how many bores				
	☐ Irrigati ☐ Feedlor			al Remediation: well II e D Soil Vapor		a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water							
	Industr			Air Sparge Recovery			13. \Box Other (specify):						
	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
			0	-			5 1	11 yes, dat	c sui	ipie was sublittee	u		
Water well disinfected? □ Yes □ No 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 SCREEN OR PERFORATION MATERIAL:													
Steel Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
_	Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)												
SC					n ft. to								
0					n ft. to Cement grout 🛛 Be								
					ft., From								
			le contaminatio			10.00							
	Septic 7			ateral Line				ivestock Pe		☐ Insectic			
	Sewer I			Cess Pool	Sewage La			uel Storage		Abando		Well	
		ght Sewer L Specify)			☐ Feedyard			ertilizer Sto	orage	☐ Oil Wel	n/Gas Well		
					Distance from w					ft.			
	FROM	TO		ITHOLO		FROM		ТО		HO. LOG (cont.) or		G INTERVALS	
						-	-						
						+	+						
						Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a 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 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 <u>constructed</u> 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.													
	-				Vater, Geology Section, 10	000 SW Jacks	on St.	., Suite 420,	, Торе	eka, Kansas 66612-136		785-296-3565. A 82a-1212	
	visit us at <u>h</u>	up://www.Kdh	eks.gov/waterwell	unuex.ntml							V2	n 02a-1212	