

| W  | _  |               | RECORD                                      |   | WWC-5 1316                     | L  |   | on of Wate   |   |                       |              |                 |  |
|--|--|---------------|---|---|--------------------------------|--|---|--|---|-----------------------|--------------|-----------------|--|
| 1  |  |               |   |   |                                |  | 11  |  |   | Well ID               | ge Number    |                 |  |
| 1  | 1 LOCATION OF WATER WELL:<br>County:   |               |   |   |                                |  |   |  |   |                       |              | $\Box E \Box W$ |  |
| 2  |  | ·<br>OWNER: I | Last Name:                                  |   |                                |  |   |  | Address where well is located (if unknown, distance and |                       |              |                 |  |
| _  | Business:  |               |   |   |                                | direction from nearest town or intersection): If at owner's address, check here: |   |  |   |                       |              |                 |  |
|  | Address:<br>Address:   |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  | City:  |               |   | ZIP:  |                                |  |   |  |   |                       |              |                 |  |
| 3  | LOCAT  | E WELL        |   | State:  |                                |  |   |  |   |                       |              |                 |  |
|  | WITH "   |               |   |   |                                | PLETED WELL: ft.   |   |  | 5 Latitude:   |                       |              |                 |  |
|  | SECTIO   |               |   | 3) ft., or 4)   |                                |  |   | Longitude:(decimal degrees)<br>Datum: UWGS 84 NAD 83 NAD 27                            |   |                       |              |                 |  |
|  | N  |               | ft.   |   | Source for Latitude/Longitude: |  |   |  |   |                       |              |                 |  |
|  |  |               |   | below land surface, measured on (mo-day-y                     |                                |  |   | GPS (unit make/model:)   |   |                       |              |                 |  |
|  | NW   | NE            | above land surface, measured on (mo-day-yr) |   |                                |  |   | (WAAS enabled?  Yes No)  |   |                       |              |                 |  |
| ***  |  |               | -   | Pump test data: Well water was ft.<br>after hours pumping gpm |                                |  |   |  | Land Survey      Topographic Map     Online Memory      |                       |              |                 |  |
| W  | I  | E             | Well water was ft.                          |   |                                |  |   | □ Online Mapper:   |   |                       |              |                 |  |
|  | SW   | SE            |   | after hours pumping gpm                                       |                                |  |   |  |   |                       |              |                 |  |
|  |  | X             | Estimated Y                                 |   |                                |  | 6 Elevation:ft. □ Ground Level □ TOC<br>Source: □ Land Survey □ GPS □ Topographic Map |  |   |                       |              |                 |  |
| 1  |  | in. to        |   |   |                                |  |   |  |   |                       |              |                 |  |
| 1 mile   |  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  | 1. Domestic:       5. Dublic Water Supply: well ID       10. Oil Field Water Supply: lease   |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  | 🗌 Housel   | nold          | g: how many wells?                          | ow many wells?  |                                |  | 11. Test Hole: well ID  |  |   |                       |              |                 |  |
|  | 🗌 Lawn &   |               |   | echarge: well ID  |                                |  |   |  |   |                       |              |                 |  |
|  | Livesto  |               | g: well ID                                  |   |                                |  | hal: how many bores?  |  |   |                       |              |                 |  |
|  | ☐ Irrigati ☐ Feedlor   |               |   | Air Sparge  | al Remediation: well ID        |  |   | a) Closed Loop  Horizontal  Vertical<br>b) Open Loop  Surface Discharge  Inj. of Water |   |                       |              |                 |  |
|  | Industr  |               |   | Recovery  |                                | 13. Other (specify):   |   |  |   |                       |              |                 |  |
| W  | Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  |  |               | ? □Yes □]                                   | -   | _                              |  |   |  |   | 1                     |              |                 |  |
|  | 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   |               |   |   |                                |  |   |  |   |                       |              |                 |  |
| 1  | TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Fiberglass         PVC       Other (Specify)   |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  | Steel     Stanless Steel     Floerglass     Other (Specify)       Brass     Galvanized Steel     Concrete tile     None used (open hole)   |               |   |   |                                |  |   |  |   |                       |              |                 |  |
| SC   | 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)                                       |               |   |   |                                |  |   |  |   |                       |              |                 |  |
| 50   |  |               |   |   |                                |  |   |  |   |                       | £4.4-        | £,              |  |
| 30   |  |               |   |   | n ft. to<br>n ft. to           |  |   |  |   |                       |              |                 |  |
| 9  |  |               |   |   | Cement grout $\square$ Be      |  |   |  |   |                       |              |                 |  |
|  |  |               |   |   | ft., From                      |  |   |  |   |                       |              |                 |  |
|  |  | -             | le contamination                            |   |                                |  |   |  |   |                       |              |                 |  |
|  | Septic '   |               |   | Lateral Line  |                                |  |   | vestock Pe   |   |                       | U            |                 |  |
|  | □ Sewer I<br>□ Waterti   | ght Sewer Li  | nes □S                                      | Cess Pool<br>Seepage Pit                                      |                                |  |   | iel Storage<br>ertilizer Sto   |   | ☐ Abando<br>☐ Oil Wel |              | wen             |  |
| ĺ  | Other (  | Specify)      | ·····                                       |   |                                |  |   |  | , age   |                       | 2 040 11 011 |                 |  |
|  |  |               |   |   | Distance from we               |  |   |  |   |                       |              |                 |  |
| 10   | FROM   | TO            | L   | ITHOLOG   | GIC LOG                        | FROM   | [   | ТО   | LIT   | HO. LOG (cont.) or    | PLUGGIN      | G INTERVALS     |  |
|  |  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  |  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  |  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  |  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  |  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
|  |  |               |   |   |                                | 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. |  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
| Ka   | Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
| under the business name of   |  |               |   |   |                                |  |   |  |   |                       |              |                 |  |
| I  | Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.<br>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/waterwell                           |   | ,                              |  | ~   |  |   |                       |              | A 82a-1212      |  |