

WATER				WWC-5	1170	)302		ion of Wate					
Original	ge in Well Use				rces App. No.		Townshin Numb	- Well ID - Bange Number					
1 LOCATION OF WATER WELL: County:Fraction1/41/4							$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and													
Business:		ust i tuille.		1 1150.						section): If at owner	`		
Address:											· _		
Address:	City: State: ZIP:												
3 LOCATI	E WELL					2							
WITH "2			4 DEPTH OF COMPLETED WELL:										
SECTIO		Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) 🗆 I											
N		WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:     GPS (unit make/model:)					
		below land surface, measured on (mo-day-yr)											
NW		above land surface, measured on (mo-day-yr).					•••••	(WAAS enabled? ☐ Yes ☐ No)					
		Pump test data: Well water was ft. after hours pumping gpm						$\Box$ Land Survey $\Box$ Topographic Map					
W	E	Well water was ft.					Online Mapper:					•••••	
SW	SE	after hours pumping											
		Estimated Yield:gpm						6 Elevation:ft.  Ground Level  TOC					
S		Bore Hole Diameter: in. to ft. an ft. an ft.						Source:  Land Survey  GPS  Topographic Map Other					
1 m		BE USED A		in. to		n.							
1. Domestic:	VALENIC			ter Supply: v	vell ID			10 🗆 0	il Fie	ld Water Supply: le	ase		
	old	<ol> <li>Dublic Water Supply: well ID</li> <li>Dewatering: how many wells?</li> </ol>								eld Water Supply: lease			
🗌 Lawn &	k Garden	7. 🗌 Aquifer Recharge: well ID						🗌 Ca	Cased Uncased Geotechnical				
Livesto		8. 🗌 Monitoring: well ID											
2. ☐ Irrigation 3. ☐ Feedlot		Remediation: well ID					Loop Horizonta						
4. Industr		□ Air Sparge □ Soil Vapor Ext □ Recovery □ Injection					n	b) Open Loop  Surface Discharge  Inj. of Water 13.  Other (specify):					
	Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:												
				C 🗆 Other		0	ASIN	G IOINTS	<u>. п</u>	Glued	ΠW	elded 🗆 Threaded	
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter													
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
Steel       Stainless Steel       Fiberglass       PVC       Other (Specify)         Brass       Galvanized Steel       Concrete tile       None used (open hole)													
Brass		anized Steel ATION OPE				ised (ope	n nole)						
		☐ Mill Slot		auze Wrapped	∣ Пта	orch Cut	🗆 Dri	illed Holes		Other (Specify)			
		Key Punch						ne (Open H		(-F))			
SCREEN-P	ERFORAT	ED INTERVA	ALS: Fron	n ft.	to	ft., F	rom	ft. to	o	ft., From	f	t. to ft.	
										ft., From			
		ft. to <b>e contaminati</b>		ft., From	•••••	ft. to		ft., From		ft. to	ft		
			Lateral Line	es □P	it Privy			ivestock Pe	ens	Insectic	ide Sto	rage	
Sewer I			Cess Pool		ewage La	igoon		uel Storage					
	ght Sewer Li		Seepage Pit		eedyard		🗆 F	ertilizer Sto	orage	🗌 Oil Wel	ll/Gas V	Vell	
										<b>A</b> .			
10 FROM	m well? TO		ITHOLO		ce from w	FRC		ТО		HOLOG (cont.) or	DULIC	GING INTERVALS	
IU PROM	10	L		010 100		TRU	1111	10		10. LOU (colit.) Of	LUU	SHIO HUTEKVALO	
						Note	s:						
11 CONT	PACTOD'S		WNFD'	S CEDTIEL	CATIO	V. This	wator	well was F		nstructed Trace	netruot	ted, or 🗌 plugged	
										ie to the best of my			
Kansas Wat	er Well Cor	ntractor's Lice	ense No		This Wa	ater Wel	l Reco	rd was coi	mple	ted on (mo-day-ye	ear)		
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 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.													
		ks.gov/waterwel						.,	- °P0			KSA 82a-1212	