

M	_		RECORD		WWC-5 1086	1		ion of Wate					
								esources App. No.			Well ID		
I	LOCATION OF WATER WELL: County:				FractionSec $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			ion Number Township Number Range Number			ge Number $\Box E \Box W$		
2		OWNER: I	aat Nama		First:	-	1 Address	where well is located (if unknown, distance and					
4	Business:	OWNER, I	Last Maine.		11181.		from nearest town or intersection): If at owner's address, check here:						
	Address:					uncetion no					s address,		
	Address:			G	700								
3	City: LOCAT			State:	ZIP:								
3	WITH "				<b>IPLETED WELL:</b> ft.			5 Latitude:(decimal degrees)					
	SECTIO			Encountered: 1) 3) ft., or 4)			Longitude:(decimal degrees)						
	Ν	1			Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27								
				WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.					Source for Latitude/Longitude: GPS (unit make/model:) (WAAS enabled? Yes No) Land Survey Topographic Map				
	NW	NE											
		X											
W		Ε	after hours pumping gpm					Online Mapper:					
	SW	SE	6	Well water was ft.									
	1			after hours pumping gpm					6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map				
		 S		Estimated Yield:gpm Bore Hole Diameter:in. to ft. and									
	1 n		Dore Hote D	in. to ft.									
7 WELL WATER TO BE USED AS:													
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease													
	Housel			6. Dewatering: how many wells?									
	🗌 Lawn &				echarge: well ID								
	Livesto			g: well IDal Remediation: well II					al: how many bores?				
	☐ Inigan ☐ Feedlo		9. En		••	a) Closed Loop  Horizontal  Vertical 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:												
	Water well disinfected? Yes No												
8	TYPE O	F CASING	USED: 🗆 St	teel 🗌 PV	C 🗌 Other	CA	SINC	<b>JOINTS</b>	S: 🗆	Glued Clamped	U Welde	d 🗌 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													
T	TYPE OF SCREEN OR PERFORATION MATERIAL:												
	□ Steel □ Fiberglass □ PVC □ Other (Specify)   □ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)												
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:													
5.	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
						w Cut							
SC	CREEN-P	PERFORAT	ED INTERVA	ALS: Fron	n ft. to	ft., From	n	ft. t	o	ft., From	ft. to	ft.	
					n ft. to								
					Cement grout 🛛 Be								
			ft. to <b>le contaminati</b> o		ft., From	ft. to		. ft., From	•••••	ft. to	ft.		
	Septic '			Lateral Line	es 🗌 Pit Privy		ΠLi	ivestock Pe	ens	☐ Insectic	ide Storage		
	Sewer l			Cess Pool				uel Storage		Abando			
		ght Sewer Li				-		ertilizer Sto		🗌 Oil We	ll/Gas Well		
										-			
	FROM	TO		ITHOLO	Distance from w	FROM		ТО		ft. HO. LOG (cont.) or		C INTEDVALS	
10	TROW	10		IIIOLO		TKOW		10	LII		LUUUIN	O INTERVALS	
							+						
						<b>.</b>							
	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)													
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.													
	-		eks.gov/waterwell		, , , , , , , , , , , , , , , ,				, -P <b>c</b>	,		SA 82a-1212	