

|   |  |  | -  | <b>WWC-5</b><br>ge in Well Use |                                | 7174        |  | ion of Wate<br>rces App. N  |                 |                                 | Wall     |                                     |  |  |
|---|--|--|--|--------------------------------|--------------------------------|-------------|--|---|-----------------|---------------------------------|----------|-------------------------------------|--|--|
| Original Record Correction C     Correction C     Correction C  |  |  |  | Fraction                       |                                | Section     |  |   |                 | Well ID Range Number            |          |                                     |  |  |
| County:   |  |  |  |                                | /4 <sup>1</sup> / <sub>4</sub> | 4 1/4       | Seen   |   | 1               | T S                             | F        | -                                   |  |  |
| 2 WELL OWNER: Last Name: First:   |  |  |  |                                |                                |             | treet or Rural Address where well is located (if unknown, distance and |   |                 |                                 |          |                                     |  |  |
| Business: dire  |  |  |  |                                |                                |             |  | rection from nearest town or intersection): If at owner's address, check here:        |                 |                                 |          |                                     |  |  |
| Address:<br>Address:  |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   | City: State: ZIP:  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
| 3 LOCAT   | E WELL   |  |  |                                | C.                             |             | -  |   |                 |                                 |          |                                     |  |  |
| WITH "X" IN Depth(c) Groundw  |  |  |  |                                |                                |             | 5 Latitude:  |   |                 |                                 |          |                                     |  |  |
|   |  |  | h(s) Groundwater Encountered: 1)<br>2) ft. 3) ft., or 4) $\Box$ 1                  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
| Г   | N  | WELL'S STATIC WATER LEVEL:                   |  |                                |                                |             |  |   |                 | Latitude/Longitude              |          | $\square$ NAD 27                    |  |  |
|   |  | below land surface, measured on (mo-day-yr). |  |                                |                                |             |  |   |                 |                                 |          | )                                   |  |  |
| NW  | NE   |  | D above land surface, measured on (mo-day-yr<br>Pump test data: Well water was ft. |                                |                                |             |  | _   |                 | /AAS enabled?                   |          |                                     |  |  |
| w   |  | after hours pumping                          |  |                                |                                |             |  |   | urvey 🗌 Topogra |                                 | lap      |                                     |  |  |
|   | Wel  |  |  | vater was                      |                                |             |  |   |                 | •••••                           |          |                                     |  |  |
|   |  |  |  | ours pumping g                 |                                |             |  | 6 Flevetion   |                 |                                 |          |                                     |  |  |
|   |  |  | Estimated Yield:gpm  |                                |                                |             |  | 6 Elevation:ft. □ Ground Level □<br><u>Source</u> : □ Land Survey □ GPS □ Topographic |                 |                                 |          |                                     |  |  |
| 1 r   | S<br>nilel   | Bore Hole I                                  | Bore Hole Diameter: in. to in. to  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  | ) BE USED                                    |  | 111. 10                        |                                | · · · · It. |  |   |                 |                                 |          |                                     |  |  |
| 7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
| ☐ Housel  |  | 6. 🗌   | 6. Dewatering: how many wells?   |                                |                                |             | 11. Te   |   |                 | t Hole: well ID                 |          |                                     |  |  |
| Lawn d  |  |  | 7. 🗌 Aquifer Recharge: well ID   |                                |                                |             |  |   |                 | Cased 🗌 Uncased 🗌 Geotechnical  |          |                                     |  |  |
|   |  |  |  |                                |                                | rell ID     |  |   |                 | 12. Geothermal: how many bores? |          |                                     |  |  |
|   | .       Irrigation       9. Environmental Remediation: well ID         .       Feedlot       Air Sparge       Soil Vapor E |  |  |                                |                                |             |  | a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water   |                 |                                 |          |                                     |  |  |
| 4. Industrial Recovery Injection  |  |  |  |                                |                                |             |  | 13. Other (specify):  |                 |                                 |          |                                     |  |  |
| Was a chemical/bacteriological sample submitted to KDHE?       Yes       No       If yes, date sample was submitted:  |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
| Water well disinfected? $\Box$ Yes $\Box$ 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  |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
| TYPE OF S<br>□ Steel  | TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Fiberglass         PVC       Other (Specify)                   |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
| SCREEN C  |  | ATION OPE                                    |  |                                | _                              | × 1         | ,  |   |                 |                                 |          |                                     |  |  |
|   | nuous Slot   | ☐ Mill Slot                                  |  | auze Wrapped                   |                                |             |  |   |                 | Other (Specify)                 |          |                                     |  |  |
|   |  | Key Puncl                                    |  |                                |                                |             |  | ne (Open H  |                 | с Б                             |          | с. , с.                             |  |  |
|   |  |  |  |                                |                                |             |  |   |                 | ft., From<br>ft., From          |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 | ····· II., FIOIII ····          |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 | ft. to                          |          |                                     |  |  |
|   |  | le contaminati                               |  |                                |                                |             |  | ,   |                 |                                 |          |                                     |  |  |
|   |  |  | Lateral Line   |                                | it Privy                       |             |  | ivestock Per  |                 | Insectio                        |          |                                     |  |  |
| Sewer   |  |  | Cess Pool  |                                | ewage L<br>eedyard             |             |  | uel Storage<br>ertilizer Stor   |                 | ☐ Abando<br>☐ Oil We            |          |                                     |  |  |
|   | ight Sewer Li<br>Specify)  |  | Seepage Pit  |                                |                                |             |  | ertilizer Sto   | rage            |                                 | II/Gas v | ven                                 |  |  |
|   |  |  |  |                                |                                |             |  |   |                 | ft.                             |          |                                     |  |  |
| 10 FROM   | TO   | Ι  | ITHOLO   | GIC LOG                        |                                | FRO         | М  | TO  | LITH            | IO. LOG (cont.) or              | PLUG     | GING INTERVALS                      |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                | Note        | s:   |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
|   |  |  |  |                                |                                |             |  |   |                 |                                 |          | ted, or plugged                     |  |  |
| Kansas Wa   | ter Well Con   | nd was comp.                                 | etted on (n  | no-aay-year)                   | This W                         | ater Wel    | and th   | ns record is  | is true         | ed on (mo-day ye                | y know   | vledge 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.<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. |  |  |  |                                |                                |             |  |   |                 |                                 |          |                                     |  |  |
| -   |  | and Environment<br>eks.gov/waterwel          |  | water, Geology                 | Section, 1                     | 000 SW Ja   | ckson St   | t., Suite 420, '  | Topek           | a, Kansas 66612-136             | /. Telep | phone 785-296-3565.<br>KSA 82a-1212 |  |  |
| visit us at n   | р.// www.кип   | ль.gov/waterwel                              | 1/ IIIUEA.IIUIII   |                                |                                |             |  |   |                 |                                 |          | 157 020-1212                        |  |  |