

W	_		RECORD		WWC-5 1095			ion of Wate			Well ID		
1	Original Record       Correction       Change in Well Use         LOCATION OF WATER WELL:       Fraction						Resources App. N Section Number						
1	County		VATER WEL	1/4 1/4 1/4			-1	T S	R	-			
2		OWNER:	First: ZIP:	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:									
3	LOCAT	E WELL	State:										
U	4 DEPTH OF COMPLETED WELL: . Depth(s) Groundwater Encountered: 1)						ft.	5 Latitude:					
w	SECTIO NW NW X SW	NE E	2) WELL'S ST below la above la Pump test da after	Dry We ft. -yr) -yr) ft. gpm ft.	] Dry Well ft. yr) yr) gpm		Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27 <u>Source for Latitude/Longitude</u> : GPS (unit make/model:) (WAAS enabled? Yes No) Land Survey Topographic Map Online Mapper:						
				after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft.  Ground Level  TOC				
		5		Bore Hole Diameter: in. to ft.				$\underline{Source}: \Box \text{ Land Survey } \Box \text{ GPS } \Box$					
	1 n			in. to ft.				□ Other					
	7 WELL WATER TO BE USED AS:												
2. 3.	Lawn & Livesto Irrigati Feedlo	Household       6. □ Dewatering: how many wells?         Lawn & Garden       7. □ Aquifer Recharge: well ID         Livestock       8. □ Monitoring: well ID         Irrigation       9. Environmental Remediation: well ID         Feedlot       □ Air Sparge       □ Soil Vapor Ex						<ul> <li>10. □ Oil Field Water Supply: lease</li> <li>11. Test Hole: well ID</li> <li>□ Cased □ Uncased □ Geotechnical</li> <li>12. Geothermal: how many bores?</li> <li>a) Closed Loop □ Horizontal □ Vertical</li> <li>b) Open Loop □ Surface Discharge □ Inj. of Water</li> </ul>					
	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? 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. to       in. Weight       lbs./ft.       Wall thickness or gauge No.       ft.         TYPE OF SCREEN OR PERFORATION MATERIAL:													
					Cement grout 🛛 🛛 Be								
					ft., From	ft. to	••••••	ft., From		ft. to	ft.		
Nearest source of possible contamination:         Septic Tank       Lateral Lines       Pit Privy       Livestock Pens       Insecticide Storage         Sewer Lines       Cess Pool       Sewage Lagoon       Fuel Storage       Abandoned Water Well         Watertight Sewer Lines       Seepage Pit       Feedyard       Fertilizer Storage       Oil Well/Gas Well         Other (Specify)       Distance from well?       Distance from well?       ft.													
	FROM	m well? TO		ITHOLOG		FRON				ft. HO. LOG (cont.) or		GINTERVALS	
10	TROM	10	L		JIC LUG	FKUN	v1	10		10. LOG (colit.) OF	LUUUIN	U IIVIERVALO	
						Notes	:						
un Ka	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. 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.												
I	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.												
	-		eks.gov/waterwell		2.				•			SA 82a-1212	