

M					WWC-5		6632		sion of Wat urces App. 1			Well ID		
1	Original Record Correction Change in Wel LOCATION OF WATER WELL: Fraction					150				on Number Township Num				
-	County:				1/4	/4 1/4			••			$\Box E \Box W$		
2	Business: Address: Address:	OWNER: L	ast Name:	First:					Address where well is located (if unknown, distance and arest town or intersection): If at owner's address, check here:					
3	City: LOCAT	FWFII		State:	ZIP:									
5	WITH "					5 Latitude:(decimal degrees)								
		CTION BOX: N Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box							Long	gitud	e:		.(decimal degrees)	
	Ν	N 2) N WELL'S STATIC WATER LEVEL:								Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				
			below land surface, measured on (mo-day-yr)							GPS (unit make/model:)				
	NW	NE	above land surface, measured on (mo-day-yr)					•••••		(WAAS enabled? Yes No)			No)	
***			Pump test data: Well water was ft. after hours pumping gpm						□ Land Survey □ Topographic Map □ Online Mapper:					
W		E	Well water was ft.											
	SW		after hours pumping						6 Flove	6 Elevation:ft. Ground Level TOC				
		X Estimated Yield:								Source: Land Survey GPS Topographic Map				
					in.				☐ Other					
7	WELL V	WATER TO	BE USED A	AS:										
	. Domestic: 5. Dublic Water Supply: well ID													
	Housel			w many wells?				11. Test Hole: well ID						
		Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well ID									al: how many bores			
2.	🔲 Irrigati	tion: well l			a) C	a) Closed Loop 🔲 Horizontal 🗌 Vertical								
	3. □ Feedlot □ Air Sparge 4. □ Industrial □ Recovery					e Soil Vapor Extraction			b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):					
						-		N T						
			1010gical sar		litted to K		Yes 🗋	No	If yes, dat	e sar	nple was submitte	a:		
					C 🗆 Other	r	C	ASIN	IG JOINTS	S: 🗆	Glued Clamped	□ Welde	d 🗆 Threaded	
											in. to			
						nt	lb	s./ft.	Wall thic	kness	or gauge No			
T	TYPE OF SCREEN OR PERFORATION MATERIAL:													
	Steel Stainless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)													
SC	SCREEN OR PERFORATION OPENINGS ARE:													
		nuous Slot	☐ Mill Slot		auze Wrapp		orch Cut		rilled Holes		Other (Specify)			
sc	D Louve	red Shutter PERFOR ΔT	□ Key Puncl	ned ∐ W ∆IS· Eron	ire Wrappe	xd ∐S ftto	aw Cut		one (Open F	Hole)	ft., From	ft to	, ft	
50											ft., From			
9											, 			
					ft., From		. ft. to		ft., From	•••••	ft. to	ft.		
	earest sou	-	e contaminati	on: Lateral Line	s 🗆] Pit Privy			Livestock Pe	ens	Insection	ide Storag	د د	
	Sewer I			Cess Pool		Sewage L	agoon		Fuel Storage			0		
	U Waterti	ght Sewer Lir	nes 🗌 S	Seepage Pit		Feedyard			Fertilizer Sto	orage	🗌 Oil We	ll/Gas Well	L	
											ft.			
	FROM	TO		ITHOLOG			FRO		ТО		HO. LOG (cont.) or		G INTERVALS	
								\rightarrow						
							Note	Notes:						
11	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged													
un	der my ju	irisdiction ar	nd was compl	leted on (n	10-day-yea	ur)		and t	his record	is tru	ie to the best of my	y knowled	lge and belief.	
Ka	ansas Wa	ter Well Cor	tractor's Lice	ense No		This W	ater Wel	l Reco	ord was co	mple	ted on (mo-day-ye	ear)	-	
un	uer the b	usiness name	Send one copy to	WATER W	ELL OWNE	R and retair	one for vo	ur reco	rds. Fee of \$	5.00 f	or each <u>constructed</u> we	<u></u> 11.	<u></u>	
	-	nent of Health a		, Bureau of V							eka, Kansas 66612-136	7. Telephon	e 785-296-3565. SA 82a-1212	