

W			RECORD		WWC-5 1260			sion of Wate					
1		Original Record Correction Change						urces App. No tion Number Township Numb			Well ID		
I	County		WAIER WEI	.L:	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	1/4	ion Numbe	er	r Township Number Range Number T S R \Box E \Box W				
2			Last Name:		First:		t or Rural Address where well is located (if unknown, distance and						
-	Business: Address: Address:	o with ER	Last Marie.		direction from nearest town or intersection): If at owner's address, check here:								
2	City:		State:	ZIP:									
3	LOCAT		4 DEPTH	IPLETED WELL: .		ft.	5 Latitude:						
	SECTIO		Depth(s) Gr					Longitude:					
	Ν	N $(2) \dots ft. 3) \dots ft, or 4) \square Dry Well WELL'S STATIC WATER LEVEL: ft.$							Datum: WGS 84 NAD 83 NAD 27				
	X			, measured on (mo-day-				Source for Latitude/Longitude:					
	NW	NE			ce, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)					
	1		-	Pump test data: Well water was ft.					Land Survey Topographic Map				
W			E after	after hours pumping gpm					☐ Online Mapper:				
	SW	SE	after	Well water was ft. after hours pumping gpm									
			Estimated Y					6 Elevation:ft. Ground Level TOC					
	-	5		in. to	ft. and	Source: Land Survey GPS Topographic Map							
	1 n				in. to	ft.	ft.			□ Other			
	7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
	□ Housel			5. Dewatering: how many wells?				10.					
	Lawn &			7. ☐ Aquifer Recharge: well ID					Cased Uncased Geotechnical				
	Livesto	ock] Monitorin	g: well ID									
	Irrigati		nvironmenta] Air Sparge	al Remediation: well II					Loop Horizonta				
	Feedlo			-					en Loop Surface Discharge Inj. of Water				
	4. Industrial Recovery Injection 13. Other (specify):												
	Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:												
					C Other	C	ASIN	G IOINTS	<u>. п</u>	Glued Clamped	□ Welde	d 🗆 Threaded	
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to												
Са	Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
T	TYPE OF SCREEN OR PERFORATION MATERIAL:												
	□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)												
50	□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
50	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
	□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
SC					n ft. to								
					n ft. to								
					Cement grout Be								
			ible contaminati		ft., From	11. 10	•••••	It., From		······ It. to ······	It.		
	Septic '	-		Lateral Line			ΠL	livestock Pe	ens	Insectici	de Storage		
	Sewer I			Cess Pool	Sewage La	goon		Fuel Storage		Abandor		Well	
		ght Sewer	Lines 🔲	Seepage Pit	☐ Feedyard		⊔F	Fertilizer Sto	orage	🗌 Oil Well	/Gas Well		
					Distance from w					ft.			
	FROM	ТО		ITHOLO		FRO		TO	LIT	HO. LOG (cont.) or l	PLUGGIN	G INTERVALS	
						+							
						-							
						Notes	:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
un K	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												
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.													
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	us ut <u>11</u>										177		