

W	_		RECORD		WWC-5 1090			ion of Wate			Well ID		
1	Original Record       Correction       Change in Well Use         LOCATION OF WATER WELL:       Fraction						Resources App. No. Section Number			Township Number Range Number			
-	County			1/4 1/4 1/4	i 1⁄4				$T \qquad S \qquad R \qquad \Box E \Box W$				
2	WELL Business: Address: Address: City:	OWNER:	State:	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											
-	WITH "	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)						5 Latitude:(decimal degrees)					
w	SECTIO NW NW SW	N NE   E	2) WELL'S ST below la above la Pump test da after	] Dry Well ft. yr) yr) t. gpm t.		Longitude:							
				nated Yield:gpm						$\Box$ Land Survey $\Box$ GPS $\Box$ Topographic Map			
		S nilel	Bore Hole L	Bore Hole Diameter: in. to fi				$\Box \text{ Other } \dots \square \text{ Other } \square$					
	1 mile  in. to ft. □ Other												
1. 2. 3.	Domestic: Housel Lawn & Livesto	omestic:       5. □ Public Water Supply: well ID         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 Ext						<ul> <li>10. Oil Field Water Supply: lease</li> <li>11. Test Hole: well ID</li> <li>Cased Duncased 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> <li>13. Other (specify):</li> </ul>					
	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 diameterin. toft., Diameterin. toft., Diameterin. toft.         Casing height above land surfacein. Weightlbs./ft.         Wall thickness or gauge Noft.         TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Stainless Steel         Brass       Galvanized Steel         Contracted tile       None used (open hole)         SCREEN OR PERFORATION OPENINGS ARE:         Continuous Slot       Mill Slot         Gauze Wrapped       Torch Cut         Drilled Holes       Other (Specify)         Louvered Shutter       Key Punched         Wire Wrapped       Saw Cut       None (Open Hole)         SCREEN-PERFORATED INTERVALS:       From													
					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)       Other (Specify)       Sever Storage       Oil Well/Gas Well													
	rection fro FROM	m well? TO		ITHOLOG	Distance from w	FROI		TO		ft. HO. LOG (cont.) or		GINTEDVALS	
10	FKUM	10	L	THOLU	SIC LUG	гко	v1	10		10. LOG (cont.) of	TLUGGIN	UINIEKVALS	
						_							
						NT - 4 -							
						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)													
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.												e 785-296-3565.	
	-		neks.gov/waterwell						r ~			SA 82a-1212	