

| WATER WELL RI | | W W C-5 | | 0071 | | sion of Wate | | | Wall ID | | |
|--|---|--------------|----------------|----------------|---|---|-------------------|----------------------|------------------------|----------------------------------|--|
| Original Record 1 LOCATION OF WA | | e in Well I | | | | irces App. N | | Torreshin Numb | Well ID | | |
| | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | Г | Township Numb | er Ra | ange Number □ E □ W | | |
| County: 2 WELL OWNER: La | | | | | | | - " | | | | |
| 2 WELL OWNER: Last Name: First: 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: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL | | ft | 5 Latitu | ıde. | | | (decimal degrees) | | | | |
| WITH "X" IN | ft | | | | | | | | | | |
| SECTION BOX: | 2) ft., or 4) 🗆 | | | | | Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27 | | | | | |
| 14 | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | |
| | ☐ below land surface, | | | G | PS (ı | ınit make/model: | · |) | | | |
| NW NE | above land surface, | | | | | WAAS enabled? | | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E | after hours pumping gp: Well water was ft. | | | | | Online Mapper: | | | | | |
| SW SE X - | after hours pumping | | | | 1 | | | | | | |
| | Estimated Yield: | | •••••• | spin | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: in. to ft | | | | Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | | | | |
| mile | | | Other | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: | Public Wa | | | | | | | ld Water Supply: 16 | | | |
| Household | 6. Dewatering: how many wells? | | | | | | | | | | |
| Lawn & Garden | <u> </u> | | | | | | | | | | |
| Livestock | 8. Monitoring: well ID | | | | | | | | | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr | | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | | |
| 4. ☐ Industrial | ☐ Recovery | | Injection | Latraction | 1 | | | | | | |
| 4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify): | | | | | | | | | | | |
| Water well disinfected? \square Yes \square No | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | |
| Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify) | | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete 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 | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Nearest source of possible | | . It., From | | . It. to | | It., From . | | It. to | It. | | |
| Septic Tank | Lateral Line | е Г | ☐ Pit Privy | | Пι | ivestock Per | ne | ☐ Insection | ride Storac | Te. | |
| Sewer Lines | ☐ Cess Pool | | Sewage L | agoon | | Fuel Storage | | ☐ Abando | | | |
| ☐ Watertight Sewer Line | | | | | | ertilizer Sto | | | | | |
| Other (Specify) | | | | | | | | | | | |
| Direction from well? | | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | | FRO | M | TO | LIT | HO. LOG (cont.) or | PLUGGI | NG INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | NI-4- | | | | | | | |
| Notes: | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S | OR I ANDOWNED' | CEDTI | FICATIO | N. This | water | well was F | 7.00 | netructed read | netruetee | or nlugged | |
| under my jurisdiction an | d was completed on (m | o-dav-ve | ar) . | 14. 11118 | water and th | wen was <u>L</u> his record i | _ co s tru | e to the best of m | v knowle | , or □ pruggeu dge and helief | |
| Kansas Water Well Cont | ractor's License No | | This W | ater Well | l Reco | ord was con | nple | ted on (mo-day-v | ear) | | |
| 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. | | | | | | | | | | | |
| KS Department of Health ar | a Environment, Bureau of V | vater, Geolo | ogy Section, l | LUUU SW Jac | ekson S | t., Suite 420, | 1 ope | ka, Kansas 66612-136 | 7. Telepho | ne /85-296-3565. | |

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html