

WATER WELL RI		W W C-5		1007		ion of Wate			W-11 ID		
Original Record    1 LOCATION OF WA		e in Well U				rces App. N		Torreshin Numb	Well ID	ana Numban	
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		/4 /		r Diiro	1 Addross v	who					
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 "A" IN Donth(s) Groundwater Engountered: 1)											
SECTION BOX:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					Dry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27					
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
						□GI	PS (ı	ınit make/model:	· • • • • • • • • • • • • • • • • • • •	)	
NW   NE								WAAS enabled?   □		<b>√</b> (o)	
	Pump test data: Well water was ft.  afterhours pumpinggpr  Well water was ft.  afterhours pumpinggpr							Survey Topogr			
W E						Online Mapper:					
SW   SE											
<u>  X                                     </u>	X Estimated Yield:			gpm			<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter:	ft. and	nd Source: Land Survey GPS Topographic Map								
mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Water Supply: well ID										
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	<u> </u>										
2. Irrigation	8. Monitoring: well ID										
3. ☐ Feedlot	9. Environmental Remediation: wen ib  ☐ Air Sparge ☐ Soil Vapor Exti					b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection		=			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 diameter in. to											
Casing height above land surface											
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		. 10., 1 10111	••••••	. 10. 00		10., 1 10111 .			11.		
☐ Septic Tank	☐ Lateral Line	s 🗆	Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storage	è	
☐ Sewer Lines	☐ Cess Pool		Sewage L		□F	uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			ance from v							C DIEEDMALC	
10 FROM TO	LITHOLOG	JIC LUG		FRO	IVI	TO	LH	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes	 ::						
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N: This	water	well was	co	nstructed, $\square$ reco	onstructed,	or plugged	
under my jurisdiction and	d was completed on (m	no-day-ye	ar)		and th	nis record is	s tru	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont											
under the business name	end one copy to WATER W	FII OWNI	FR and retain	one for you	ir recor	ds Fee of \$5	00 f	or each constructed my			
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.											

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