

WATER WELL RI  ☐ Original Record ☐		W W C-5		1070		sion of Water			W-11 ID		
1 LOCATION OF WA		e in Well I				irces App. N		Township Numb	Well ID	naa Numban	
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
County:		74 7		r Duro	1 Addragg 1	whor	_ ~				
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	de.			(decimal degrees)				
WITH "X" IN	Donth(s) (Proundwater Engountaries 1)					8,					
	SECTION BOX: ft or 4) $\Box$					Bongitate:(decimal degrees)					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
↓	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)							ınit make/model:		)	
NW NE								(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping gp Well water was ft.					Online Mapper:					
SW   SE											
	afterhours pu					6 Elevation:ft. ☐ Ground Level ☐ T					
S	Bore Hole Diameter: in. to										
1 mile				Other							
1 mile  in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. ☐ Dewatering: how many wells?										
Lawn & Garden						☐ Ca	sed	☐ Uncased ☐ □	Geotechnic	al	
☐ Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (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											
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)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		,				,					
☐ Septic Tank	□ Lateral Line	s [	Pit Privy		$\Box$ L	ivestock Per	ıs	☐ Insection	cide Storag	e	
☐ Sewer Lines	Cess Pool		☐ Sewage L			Fuel Storage			oned Water		
☐ Watertight Sewer Line			☐ Feedyard		☐ F	Fertilizer Stor	rage	☐ Oil We	ell/Gas Wel	Į	
☐ Other (Specify)											
										IC DIFFERNAL C	
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes	~						
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged											
under my jurisdiction and	d was completed on (m	o-dav-ve	ar)	14. 11118	water and th	wen was L	j co: s trij	e to the best of m	v knowlec	lge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Wel	l Reco	ord was con	nplet	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 an	a Environment, Bureau of V	vater, Geolo	ogy Section, 1	1000 SW Ja	ekson S	t., Suite 420,	ı opel	ka, Kansas 66612-136	)/. Telephor	e /85-296-3565.	

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