

WATER WELL RI		W W C-5	_	0001		sion of Wate			W-11 ID			
		e in Well Us	se			rces App. N		Township Numb	Well ID	naa Numban		
1 LOCATION OF WATER WELL:		Fraction			Section Number		r	Township Numb		Range Number R □ E □ W		
County:		74 7		. D.1200	1 Addraga	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:				1						
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	L Donth(a) (Proundwater Engountaries 1)					8						
SECTION BOX:	SECTION BOX: 2)					Bongitade:(decimal degrees)						
IN .	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
↓	below land surface, measured on (mo-day-yr)							ınit make/model:)		
NW NE	above land surface,				(V	VAAS 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	after hours pumping											
	Estimated Yield:					6 Elevation :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to f				a					opographic Map		
1 mile			□ O41									
1 mile in. to ft. Uniter												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household	6. Dewatering: how many wells?											
☐ Lawn & Garden												
☐ 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?												
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) ☐ 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												
Grout Intervals: From												
Nearest source of possible		,				,						
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Per			cide Storag			
Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	Į		
								C.				
Direction from well?			nce from v							IC INTERNAL C		
10 FROM TO	LITHOLOG	JIC LOG		FRO	IVI	TO	LHI	HO. LOG (cont.) or	PLUGGI	GINTERVALS		
				Notes	,.							
110163												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction an	d was completed on (m	no-dav-vear	:)		and th	nis record is	s tru	e to the best of m	y knowlec	lge and belief.		
Kansas Water Well Cont	tractor's License No		. This W	ater Well	Reco	rd was con	nplet	ted on (mo-day-y	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.											
Legith and Department of Health at	a Lavironnicit, Bureau Of V	rater, deding	y occuon, i	DRE WE GOOD.	C HOST	, Duite 420,	rober	xa, 1xansas 00012-130	77. Telephol	C 103-270-3303.		

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