

WATER WELL RI		W W C-5		0010		sion of Water			Wall ID		
		e in Well U				irces App. N		Torringhin Numb	Well ID	a a a Numban	
1 LOCATION OF WATER WELL:		Fraction			Section Number		ſ	Township Numb T S	er Rai	Range Number R □ E □ W	
County:		/4 /		r Duro	1 Addross v	vhore					
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:										check here.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL		ft	5 I atitu	de.			(decimal degrees)				
WITH "X" IN	Donth(a) (Proundryator Engagement)					8					
SECTION BOX: ft 3) ft or 4)					Dongread:						
N	WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:					
↓	below land surface, measured on (mo-day-yamber) above land surface, measured on (mo-day-yamber)							nit make/model:)	
NW NE							(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.							l Survey			
WE	afterhours pumpingg Well water wasft.				Online Mapper:						
SW SE			as π. ng gpm								
					6 Elevat	ion:	n:ft. 🗌 Ground Level 🗎 TOC				
S	Estimated Yield:	. to ft. and			Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
1 mile	in. to fi				Other						
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well						☐ Cased ☐ Uncased ☐ Geotechnical					
☐ 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 Storage	;	
☐ Sewer Lines	Cess Pool] Sewage L			Fuel Storage			oned Water		
☐ Watertight Sewer Line] Feedyard		☐ F	Fertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			ance from v							IC DIEEDIAA C	
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIIH	O. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes	· ·						
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	СЕВТІ	FICATIO	N. This	water	well was [lcon	structed Trace	nstructed	or nlugged	
under my jurisdiction an	d was completed on (m	no-dav-ve	ar)	14. 11119	and th	nis record is	s true	to the best of m	v knowled	ge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was com	plete	ed 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	gy section, l	LUUU SW Jac	ekson S	t., Suite 420, [ı opek	a, Kansas 66612-136	7. Telephon	e 185-296-3565.	

KSA 82a-1212