

WATER WELL RI		W W C-5		-1000		sion of Water			Wall II	,	
Original Record 1 LOCATION OF WA		e in Well U				rces App. N		Torreshin Numb	Well ID		
	Fraction 1/4 1/4 1/4 1/4			Section Number		Γ	Township Numb	er R	ange Number □ E □ W		
County: 2 WELL OWNER: La		74 7		r Direc	1 Addragg	whon					
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	de.			(decimal degrees)				
WITH "X" IN	L Donth(a) (Proundwater Engountered: 1)										
SECTION BOX:	ft or 4)					Bongrouse: (decimal degrees)					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
↓	below land surface, measured on (mo-day-yr))	
NW NE	☐ above land surface,		· · · · · · · · · · · · · · · · · · ·			(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft. afterhours pumping gpi Well water was ft.							urvey 🔲 Topogr			
WE						☐ Or	Online Mapper:				
SW SE											
	Estimated Yield:		umping gpm			6 Elevat	tion:	on:ft. ☐ Ground Level ☐ TOC			
S	Bore Hole Diameter: in. to										
1 mile											
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? ☐ Yes ☐ No											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter in. to ft., Diameter in. to ft.											
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	s 🗆	Pit Privy		\Box L	ivestock Per	ıs	☐ Insecti	cide Stora	ge	
☐ Sewer Lines	Cess Pool] Sewage L			uel Storage		☐ Aband			
☐ Watertight Sewer Line] Feedyard		□ F	ertilizer Stor	rage	☐ Oil We	ell/Gas We	11	
☐ Other (Specify)											
			ance from v							NG DIEEDIAA G	
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	r PLUGGI	NG INTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N. This	water	well was [1 001	structed \square reco	nstructed	or nlugged	
under my jurisdiction and	d was completed on (m	no-dav-ve	ar)	74. 11112	water and th	nis record is	ı coı Striie	e to the best of m	v knowle	dge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was com	plet	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 an	a Environment, Bureau of V	vater, Geolo	gy Section, 1	1000 SW Ja	ekson S	t., Suite 420, 7	ı opek	ta, Kansas 66612-136	o/. Telepho	ne /85-296-3565.	

KSA 82a-1212