

Original Record		W W C-5		0000		sion of Water			Wall ID		
		e in Well U				irces App. N		Township Numb	Well ID	naa Numban	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er   Ra	nge Number □ E □ W	
County:		74 7		r Duro	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:									
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN	Donth(s) (Proundwater Engountaries 1)										
SECTION BOX:	2) ft. 3) ft., or 4) $\square$ I										
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
	<ul> <li>below land surface,</li> </ul>	y-yr)			PS (u	nit make/model:		)			
X - NW NE	☐ above land surface,		· · · · · · · · · · · · · · · · · · ·			(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.  after hours pumping							Survey  Topographic Map			
WE				☐ Online Mapper:							
SW   SE	Well water wasft. after hours pumping gpi										
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:	ft and		Source: Land Survey GPS Topographic Map							
1 mile				Other							
1 mile  in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. ☐ Dewaterin										
Lawn & Garden	7. ☐ Aquifer Recharge: well ID										
☐ Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extra					b) Open Loop					
4. Industrial	Recovery		Injection			13. ∐ Otl	ner (s	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 ft., Diameter ft., Diameter 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)											
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From										•••••	
Nearest source of possible		. 10., 1 10111				10., 1 10111 .					
Septic Tank	Lateral Line	s $\square$	Pit Privy			ivestock Per	ıs	☐ Insection	cide Storage	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		□ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	l	
☐ Other (Specify)											
			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITE	HO. LOG (cont.) or	: PLUGGIN	IG INTERVALS	
				N7 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged											
under my jurisdiction an	d was completed on (n	o-day ye	r ICA I IO ar)	TA: I MIS	water	well was L	] COI	ustructed, $\ \ \ \ \ $ rect	nistructed,	, or □ prugged loe and belief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	າກlet	ed on (mo-day-v	ear)	ige and belief.	
Kansas Water Well Contractor's License No											
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 ar	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	1000 SW Jac	ekson S	t., Suite 420,	Topel	ka, Kansas 66612-136	<ol><li>7. Telephor</li></ol>	ie 785-296-3565.	

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