

WATER WELL RI  ☐ Original Record ☐		W W C-5		0000		sion of Wate			Wall ID		
		e in Well U	se			irces App. N		Torrachia Numb	Well ID	n an Mumban	
1 LOCATION OF WATER WELL: County:		Fraction		4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W	
2 WELL OWNER: La		74 7		r Direc	1 Addross	who					
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											
SECTION BOX:	2) ft. 3) ft., or 4) $\Box$ I										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	<ul> <li>below land surface,</li> </ul>	/-yr)		□ G	PS (1	unit make/model:		)			
7 - NW NE	☐ above land surface,		I			(WAAS enabled? ☐ Yes ☐ No)					
1	Pump test data: Well water was							Survey 🔲 Topogr			
WE								☐ Online Mapper:			
SW   SE											
	Estimated Yield:		. gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to fi										
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	ised	☐ Uncased ☐ (	Geotechnica	ાો	
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot						b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. Industrial	Recovery	□ .	Injection			13. ∐ Ot	her (	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)											
□ 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		. 10., 110111		. 11. 10		10., 1 10111					
Septic Tank	Lateral Line	s $\square$	Pit Privy			ivestock Pe	ns	☐ Insection	cide Storage	2	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ell/Gas Well		
☐ Other (Specify)											
			ince from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIT.	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				NT 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	d was completed on (n	o-dav-vea	r)	14: 1 ms /	water ' and th	wen was L is record i	_ CO	nisu ucteu, [] Fect ie to the best of m	nistructed, v knowled	or □ prugged oe and helief	
Kansas Water Well Cont	ractor's License No	v-gea	This W	ater Well	Reco	rd was con	nnle	ted on (mo-day-v	ear)	ge and belief.	
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 an	d Environment, Bureau of V	Vater, Geolog	gy Section, 1	000 SW Jac	ckson S	t., Suite 420,	Tope	ka, Kansas 66612-136	<ol><li>7. Telephon</li></ol>	e 785-296-3565.	

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