

WATER WELL RI		W W C-5	_	0201		sion of Wate			Wall ID		
Original Record    1 LOCATION OF WA		e in Well U	ise			irces App. N		Township Numb	Well ID	naa Numban	
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		74 7		r Direc	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											
SECTION BOX:	2) ft., or 4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	<ul> <li>below land surface,</li> </ul>	y-yr)			PS (u	ınit make/model:		)			
NW NE	above land surface, measured on (mo-day-yr)							(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping gpr					Online Mapper:					
SW   SE	Well water was ft. after hours pumping gp										
	Estimated Yield:	. gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter:	ft and									
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										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot						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 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)											
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 $\square$	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storag	e	
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		□ F	ertilizer Sto	rage	☐ Oil We	ell/Gas Wel	Į	
☐ Other (Specify)											
			ance from v							IC DIFFERNAL C	
10 FROM TO	LITHOLOG	ilC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (m	o-dav-vea	r)	14. 11118	water and th	wen was <u>L</u> nis record i	s trii	e to the hest of m	v knowlec	lge and helief	
Kansas Water Well Cont	ractor's License No	yee	This W	ater Well	Reco	ord was con	nplet	ted 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	d Environment, Bureau of V	vater, Geolog	gy Section, 1	.000 SW Jac	ekson S	t., Suite 420, '	<b>Topel</b>	ka, Kansas 66612-136	<ol> <li>Telephor</li> </ol>	e /85-296-3565.	