

WATER WELL RI		W W C-5		0041		sion of Wate			W-11 ID			
		e in Well U				rces 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   Ka   R	nge Number □ E □ W		
County:  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:										check here.		
Address:												
City:	State:	ZIP:				T						
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engountered: 1)					8,						
	SECTION BOX: ft 3) ft or 4)					Editate:						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr)							ınit make/model:		)		
NW   NE	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map							
	Pump test data: Well water was ft.											
WE	after hours pumping gpr					Online Mapper:						
SW X SE	Well water was ft. after hours pumping gp											
	Estimated Yield:gpm					<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to ft											
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												
☐ Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID											
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extr					1	b) Open Loop						
4. Industrial	Recovery		Injection			13. ∐ Otl	her (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 in. to 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												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		. 10., 1 10111		. 11. 10		10., 1 10111 .						
☐ Septic Tank	Lateral Line	s [	Pit Privy			ivestock Per	ns	☐ Insection	cide Storag	e		
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	l		
Other (Specify)												
Direction from well?			ance from v									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	r PLUGGIN	IG INTERVALS		
				<b>N</b> 7 4								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction and	OK LANDOWNER'S	OLEKTI.	rICATIO ar)	IN: I IIIS	water	well was L	COl	iistructed, 🔲 rect	onstructed	, or □ plugged		
Kansas Water Well Cont	a was completed on (II. tractor's License No	ю-чау-уе	ar) Thic W	vater Well	anu ti Reco	nd was con	ง แน ากใค่	ed on (mo-day-v	.y KIIOWIEC ear)	ige and bellet.		
under the business name												
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, Geolo	gy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Topel	ka, Kansas 66612-136	7. Telephor	ne 785-296-3565.		