

WAIER WELL R		W W C-5	. •			sion of Wate			W 11 ID		
Original Record		e in Well Use				irces App. N		E 1: N 1	Well ID	NY 1	
1 LOCATION OF W.	ATER WELL:	Fraction 1/4 1/4	4 1/2	1/4	Secti	ion Numbe	r	Township Number	er Ran R	ge Number □ E □ W	
County: 2 WELL OWNER: Last Name:		First:	· /2		Rura	1 Address	wher	re well is located			
Business:	ist ivallie.	THSt.					earest town or intersection): If at owner's address, check here:				
Address:		uncenon i	in norm neutron to this or microscotton). If the orthograph of the description is								
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL					ft.	ft. 5 Latitude :(decimal degrees)					
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	N DUA: (2) ft (3) ft or (4)										
1	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
below land surface, measured on (mo						GPS (unit make/model:)					
NW NE	measured on ((WAAS enabled? Yes No)							
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map					
W E			ater was ft.			☐ Online Mapper:					
SW -X SE	pumping gpm										
	gpm	SPIII		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	in. to ft.						Land Survey GPS Topographic Map				
mile	in. to .			Other							
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. 🗌 Public Wa	ter Supply: we	ell ID			10. ☐ Oi	l Fiel	d Water Supply: lea	ase		
☐ Household	6. ☐ Dewatering: how many wells?										
☐ Lawn & Garden		harge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
* *				Extraction							
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?											
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other											
Casing diameter											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
☐ 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)											
□ Continuous Stot □ Min Stot □ Gauze Wrapped □ Totch Cut □ Diffied Holes □ Other (Specify)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From ft. to ft., From						ft. to ft., From ft. to ft.					
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other											
Nearest source of possible											
☐ Septic Tank	☐ Lateral Line		t Privy			ivestock Per		☐ Insectic			
Sewer Lines	Cess Pool		wage La	igoon		uel Storage		Abando		Well	
☐ Watertight Sewer Lin			edyard		⊔F	ertilizer Sto	rage	☐ Oil Wel	I/Gas Well		
☐ Other (Specify)											
10 FROM TO	LITHOLOG		e mom w	FRO				HO. LOG (cont.) or	DI LICCINI	CINTEDVALS	
IU I'KOWI TO	LITHOLOG	one roo		TROI	.V1	10	LIII	io. Log (cont.) or	LUUUIN	JINTERVALS	
										-	
				Notes	•					-	
11 CONTRACTOR'S	OR LANDOWNER'S	CERTIFIC	ATIO	V: This v	vater	well was [CO	nstructed. \square reco	nstructed	or nlugged	
under my jurisdiction an	nd was completed on (m	no-day-year) .			and th	nis record i	s tru	e to the best of my	knowleds	ge and belief.	
Kansas Water Well Con	tractor's License No		This Wa	ater Well	Reco	rd was con	nplet	ed on (mo-day-ye	ar)		
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.											
As Department of Health at	na Environment, Bureau of V	valer, Geology S	ection, 10	noo sw jac	KSOH 2	i., Suite 420,	roper	ka, Kansas 00012-130	. rerepnone	103-270-3303.	