

| WATER WELL RI | | W W C-5 | | 0011 | | sion of Water | | | W-11 ID | | |
|--|---|---|----------------|----------------|--|--|-------------------|----------------------|---|------------------|--|
| Original Record 1 LOCATION OF WA | | e in Well I | | | | 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 | | |
| | | 74 | | 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 | ıde. | | | (decimal degrees) | | | | |
| WITH "X" IN | | | | | | 8, | | | | | |
| SECTION BOX: | ft or 4) | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | |
| | ☐ below land surface, measured on (mo-day-yr) ☐ above land surface, measured on (mo-day-yr) | | | | | | PS (u | ınit make/model: | |) | |
| NW NE | | | | | | | (V | VAAS enabled? | Yes 🔲 | No) | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| WE | after hours pumpinggpi | | | | | Online Mapper: | | | | | |
| SW SE | Well water was ft. after hours pumping gp | | | | | | | | | | |
| 1 1 . 1 . 1 | | • | gpm | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | | |
| | Estimated Yield:gpm Bore Hole Diameter: in. to ft | | | | | | | | | | |
| 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 Ext | | | | | 1 | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify): | | | | | |
| 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) | | | | | | | | | | | |
| | | | | | | | | 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., 1 10111 | | | | 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 | | □ F | ertilizer Stor | rage | ☐ Oil We | ell/Gas Wel | l | |
| Other (Specify) | | | | | | | | | | | |
| Direction from well? | | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | | FRO | M | TO | LITI | HO. LOG (cont.) or | PLUGGIN | √G INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | N. 7 | | | | | | | |
| Notes: | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged | | | | | | | | | | | |
| under my jurisdiction and | OK LANDOWNER'S | OCEKTI | rICATIO ar) | INIS | water | well was L | COl | iistructed, 🔲 rect | onstructed | , or □ plugged | |
| Kansas Water Well Cont | a was completed on (II. tractor's License No | io-day-ye | Thic W | /ater Wel | anu u Reco | nd was con | ง แน ากใค่ | ed on (mo-day-v | .y KIIOWIEC ear) | ige and bellet. | |
| | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | |
| KS Department of Health an | d Environment, Bureau of V | Vater, Geolo | ogy Section, 1 | 1000 SW Ja | ekson S | t., Suite 420, | Topel | ka, Kansas 66612-136 | 7. Telephor | ne 785-296-3565. | |

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