

Original Record		W W C-5	_	0011		sion of Water			Wall ID		
1 LOCATION OF WA		e in Well U	se			rces 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		
- v		74 7		. D.1200	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:				T					
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	Depth(s) Groundwater Encountered: 1)										
SECTION BOX:	(1) $(1)$ $(2)$ $(3)$ $(4)$ $(3)$					Dry Well Datum: WGS 84 NAD 83 NAD 27					
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface.			Gl	PS (u	ınit make/model:		)			
NW   NE	above land surface, measured on (mo-day-yr)				☐ Land Survey ☐ Topographic Map					No)	
	Pump test data: Well water was ft.										
W E	afterhours pumpinggpi Well water wasft.					☐ Online Mapper:					
SW SE	after hours pumping gp										
	Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter:	ft. and	d Source: ☐ Land Survey ☐ GPS ☐ Topographic Map								
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:	<ol><li>Public Wa</li></ol>					10. 🔲 Oil	l Fiel	d Water Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection	Latraction	ı						
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Water well disinfected? $\square$ Yes $\square$ No											
8 TYPE OF CASING USED:  Steel PVC Other											
Casing diameter											
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											
Nearest source of possible		It., From .	• • • • • • • • • • • • • • • • • • • •	. It. to	• • • • • • • •	It., From .		It. to	It.		
Septic Tank	Lateral Line	· □	Pit Privy		Пτ	ivestock Per	ne	□ Insecti	cide Storag	a	
Sewer Lines	☐ Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ell/Gas Wel		
Other (Specify)											
Direction from well?			nce from v								
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS	
				NT - 4							
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	and th	wen was <u>_</u> nis record i	s tru	e to the best of m	v knowlec	lge and helief	
Kansas Water Well Cont	tractor's License No	y yea	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	a Environment, Bureau of V	vater, Geolog	y Section, l	LUUU SW Jac	ckson S	t., Suite 420, '	1 opek	ka, Kansas 66612-136	7. Telephor	.e /85-296-3565.	

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