

WATER WELL R ☐ Original Record ☐		W W C-5	1150			ion of Water			Well ID		
	<u> </u>	e in Well Use				rces App. No		umahin Mumb		aga Numbar	
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4		1/4	Section Number		10	Township Number		Range Number R	
2 WELL OWNER: Last Name:		First:		-	Duro	1 Addross v	yboro u	- ~			
Business:			Rural Address where well is located (if unknown, distance and om nearest town or intersection): If at owner's address, check here:								
Address:	direction from nearest to will of intersection). If all o which is address, effects interest										
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude:(decimal degrees)					(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Dry Well Datum: WGS 84 NAD 83 NAD 27 ft. Source for Latitude/Longitude:						
11	WELL'S STATIC WATER LEVEL:										
	below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr					□GP	GPS (unit make/model:)				
NW NE					••••	(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumpinggr										
	Estimated Yield:							on:ft. Ground Level TOC			
S	Bore Hole Diameter: in. to			. ft. and		Source: Land Survey GPS Topographic Map					
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa										
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID										
2. Irrigation	8. Monitoring: well ID							now many bores			
3. ☐ Feedlot	9. Environmental Remediation: Well ID ☐ Air Sparge ☐ Soil Vapor Ext				••••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		_					cify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected? \square Yes \square No											
8 TYPE OF CASING USED: Steel PVC Other											
Casing diameter											
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)											
□ 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., Pioni				11., 140111 .		11. 10	11.		
Septic Tank	Lateral Line	s 🔲 Pit I	Privy		□Li	ivestock Pen	ıs	☐ Insection	cide Storage	;	
Sewer Lines	Cess Pool	☐ Sew		goon		uel Storage			oned Water		
☐ Watertight Sewer Lin					□ Fe	ertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			from we							C DIMEDILAL C	
10 FROM TO	LITHOLOG	ilC LOG		FROM	1	TO 1	LITHO.	LOG (cont.) of	PLUGGIN	G INTERVALS	
				Notes:							
110606											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my jurisdiction an	nd was completed on (m	no-day-year)		a	and th	is record is	true to	the best of m	v knowled	ge and belief.	
Kansas Water Well Con	tractor's License No	T	his Wa	ter Well 1	Reco	rd was com	pleted	on (mo-day-y	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.											
Lo Department of Health at	La Livironnicht, Dureau Of V	, aici, Ocology Sec		JO D TT JACK	won of	, 5unc +20, I	орска, г		,,. rerepiion	,,05 270-3303.	