

WATER WELL RI		W W C-5		2000		sion of Wate			Wall ID		
		e in Well U				irces App. N		Township Numb	Well ID	nga Numban	
1 LOCATION OF WATER WELL: County:		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		Range Number R □ E □ W	
2 WELL OWNER: La		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:				1					
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN						8					
SECTION BOX:	CHON BOA: $(1, 2)$ ft or $(1)$					Dongtoute					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	<ul> <li>below land surface,</li> </ul>	y-yr)			PS (u	ınit make/model:		)			
NW NE	above land surface, measured on (mo-day-yr)						(V	VAAS enabled?	Yes 🔲 I	No)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	afterhours pumpinggp: Well water wasft.					Online Mapper:					
SW SE	after hours pumping g										
	Estimated Yield:					6 Eleva	tion:	on:ft. ☐ Ground Level ☐ TOC			
S	Bore Hole Diameter: in. to f									opographic Map	
1 mile			Other								
1 mile  in. to ft. Uniter											
1. Domestic:	5. ☐ Public Wa	ter Supply:	well ID			10. □ Oil	l Fiel	d Water Supply: 16	ease		
☐ Household	6. ☐ Dewatering: how many wells?										
☐ Lawn & Garden	n & Garden 7. ☐ Aquifer Recharge: well ID										
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?						
2.  Irrigation	9. Environmental Remediation: well ID					a) Closed Loop _ Horizontal Uertical					
3.  Feedlot					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
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? ☐ Yes ☐ 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)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		ŕ				,					
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Per			cide Storage		
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well	Į	
☐ Other (Specify)											
			ance from v							IC INTERNAL C	
10 FROM TO	LITHOLOG	alc LOG		FRO	M	TO	LHI	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Noto	7.						
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	no-dav-ve	ar)	11119	and th	is record i	s tru	e to the best of m	v knowled	lge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Wel	Reco	ord was con	nplet	ted 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.										
KS Department of Health ar	a Environment, Bureau of V	vater, Geolo	gy Section, 1	luuu SW Ja	ekson S	t., Suite 420,	1 opek	ka, Kansas 66612-136	7. Telephon	.e /85-296-3565.	

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