

WATER WELL RI		W W C-5		5050		sion of Water			Wall ID		
		e in Well U				irces App. N		Township Numb	Well ID	nga Numban	
1 LOCATION OF WATER WELL:		Fraction		/ ₄ 1/ ₄	Section Number		r	Township Numb T S		Range Number R □ E □ W	
County:		74 7		r Duro	1 Addross r	whore					
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:										check here.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN	Llooth(c) (Proundwater Engountared: 1)										
SECTION BOX:	$\frac{1}{2}$ ft 3) ft or 4)										
N	WELL'S STATIC WATER LEVEL:				it. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)		□GF	PS (ui	nit make/model:)			
NW NE - X	above land surface, measured on (mo-day-yr)				,			(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	afterhours pumpinggp: Well water wasft.					Online Mapper:					
SW SE											
	Estimated Yield:		oumpinggpm			6 Elevat	evation:ft. 🔲 Ground Level 🔲 TOC				
S	Bore Hole Diameter: in. to										
1 mile			Other								
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden						☐ Cas	sed	☐ Uncased ☐ □	Geotechnica	al	
☐ 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. □ Oth	ner (s	pecify):	•••••		
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)											
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111		. 11. 10		10, 110111 .					
☐ Septic Tank	Lateral Line	s 🗆	Pit Privy			ivestock Per	ıs	☐ Insection	cide Storage	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ell/Gas Well	l	
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITH	IO. LOG (cont.) or	: PLUGGIN	IG INTERVALS	
				N7 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	OK LANDOWNER'S	O-day ya	rICATIO ar)	INIS	water	well was L] con	istructed, $\ \ \ \ \ $ reco	mstructed,	or plugged	
Kansas Water Well Cont	a was completed on (II. tractor's License No	io-uay-ye	Thic W	vater Well	anu ti Reco	nd was com	nlete	ed on (mo-day-v	.y kilowied ear)	ge and bellet.	
under the business name of											
KS Department of Health an	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	000 SW Jac	ekson S	t., Suite 420, 7	Горек	a, Kansas 66612-136	57. Telephon	ie 785-296-3565.	

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