

WATER WELL RI		W W C-5		7707		sion of Wate			W-11 ID			
		e in Well U				irces App. N		Torreshin Numb	Well ID	a Numban		
1 LOCATION OF WATER WELL: County:		Fraction		/ <sub>4</sub> 1/ <sub>4</sub>	Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		74 7		r Duro	1 Addraga	who						
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	Donth(s) Groundwater Engagement (1)					8,						
SECTION BOX:	SECTION BOX: ft or 4)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr)					GPS (unit make/model:						
NW   NE	above land surface, measured on (mo-day-yr)							WAAS enabled?		<b>1</b> 0)		
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map							
W XE	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	Source: Land Survey GPS Topographic Map									
mile			☐ Other									
7 WELL WATER TO BE USED AS:												
1. Domestic:	<ol><li>Public Wa</li></ol>							ld Water Supply: 16				
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	Extraction	1							
Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted:												
Water well disinfected?												
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 PERFORA			_	` 1	,							
☐ 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 ft. to ft. to ft., From ft., From ft.												
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
		. ft., From		. ft. to		ft., From .		ft. to	ft.			
Nearest source of possible			Die Dairer		Πт	iveate als Da		□ Imagati	aida Ctamaga			
☐ Septic Tank ☐ Sewer Lines	☐ Lateral Line☐ Cess Pool		] Pit Privy ] Sewage L	agoon		Livestock Per Fuel Storage			cide Storage oned Water			
☐ Watertight Sewer Line						Fertilizer Sto			ll/Gas Well			
□ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         □ Other (Specify)       □ Oil Well/Gas Well												
Direction from well?								ft.				
10 FROM TO	LITHOLOG			FRO				HO. LOG (cont.) or		G INTERVALS		
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
11 CONTRACTOR'S	UR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	」co	nstructed, ∐ reco	onstructed,	or □ plugged		
under my jurisdiction an Kansas Water Well Cont	u was completed on (m	ю-аау-уе	af) This W	Vator Wall	ana th	ins record i	s tru	ted on (mo day w	y Kilowied	ge and benef.		
under the business name of												
KS Department of Health ar										e 785-296-3565.		

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