

WATER WELL REC		// W C-5		0002		ion of Water			Wall ID			
		e in Well U Fraction	se			rces App. N		Torreshin Numb	Well ID			
1 LOCATION OF WATER WELL: County:				4 1/4	Section Number		Ţ.	Township Numb	er Ra	ange Number □ E □ W		
2 WELL OWNER: Last N		/4 /		r Duro	1 Addross v	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 4		ft	5 Latitu	٩e٠			(decimal degrees)					
WITH "X" IN SECTION POY. Depth(s) Groundwater Encountered: 1)					8,							
SECTION BOX:												
W	WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:						
	□ below land surface, measured on (mo-day-y							nit make/model:)		
	Pump test data: Well water v					☐ Land Survey ☐ Topographic Map						
$oxed{\mid \mid \mid \mid \mid \mid \mid \mid \mid \mid $												
W E					☐ Onlin			Mapper:	• • • • • • • • • • • • • • • • • • • •			
SW SE	ater was ft. pumping gpmgpm											
					6 Elevat	ion:	on:ft. ☐ Ground Level ☐ TOC					
	in. to ft. and				Source: ☐ Land Survey ☐ GPS ☐ Topographic Map							
mile						□ O4h - ::						
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household	☐ Household 6. ☐ Dewatering: how many wells?											
☐ Lawn & Garden	echarge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical							
☐ Livestock	☐ Livestock 8. ☐ Monitoring: well ID					12. Geothermal: how many bores?						
2. ☐ Irrigation 9. Environmental Remediation: well ID . 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex												
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)												
☐ Continuous Stot ☐ Mill Stot ☐ 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 co												
☐ Septic Tank	☐ Lateral Line		Pit Privy			ivestock Per	ıs	☐ Insection				
☐ Sewer Lines	Cess Pool		Sewage La			uel Storage		Abando				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ince from w	FRO				HO. LOG (cont.) 01		NC INTEDVALS		
10 FROW 10	LITHOLOG	ole LUG		FKU	IVI	10	LIII	10. LOG (colit.) of	FLUUUI	NOTIVIERVALS		
				Notes								
110000												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my jurisdiction and w	as completed on (m	o-day-yea	r)		and th	nis record is	s true	e to the best of m	y knowle	dge and belief.		
Kansas Water Well Contract	tor's License No		This W	ater Well	Reco	rd was com	ıplet	ed 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.												

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