

WATER WELL RI  ☐ Original Record ☐		W W C-5	_	0102		sion of Water			Wall ID			
		e in Well U	Jse			rces App. N		Township Numb	Well ID	n aa Numban		
1 LOCATION OF WATER WELL: County:		Fraction		⁄ <sub>4</sub> 1⁄ <sub>4</sub>	Section Number		Γ	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		/4 /		r Diiro	1 Addross x	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 I atitu	de.			(decimal degrees)					
WITH "X" IN	L Donth(s) (Proundwater Encountered: 1)					8,						
	SECTION BOX: ft 3) ft or 4)					Editate:						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface.	/-yr)		□GI	PS (u	nit make/model:		)				
NW NE	above land surface, measured on (mo-day-yr)						(V	VAAS enabled?	Yes 🔲	No)		
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
WE	after hours pumping gp Well water was ft.					Online Mapper:						
SW SE	after hours											
	Estimated Yield:					6 Elevat	tion:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft									opographic Map		
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	n & Garden 7. ☐ Aquifer Recharge: well ID											
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?							
2.  Irrigation	9. Environmental Remediation: well ID											
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					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?												
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												
Grout Intervals: From												
Nearest source of possible		ŕ				•						
☐ Septic Tank	☐ Lateral Line		Pit Privy			ivestock Per			cide Storag			
☐ Sewer Lines	Cess Pool		] Sewage L			uel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ance from v	FRO				π. HO. LOG (cont.) οι		IC INTEDMALS		
10 FROM TO	LITHOLOG	JIC LUG		FKU	IVI	10	LIII	10. LOG (cont.) of	PLUGGII	10 INTERVALS		
				Notes	,.							
110163												
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-vea	ar)	11110	and th	nis record is	s true	e to the best of m	y knowlec	lge and belief.		
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was com	ıplet	ed on (mo-day-y	ear)			
under the business name of												
KS Department of Health an										ne 785-296-3565		
Population of Health at	Liivii Oiiii (ii, Dui Cau Ol V	· awi, 00010	5, Decuon, 1	OUD D W Jac	WOON 9	, Duite +20, .	·oher	.u, 12u113a3 00014-130	,,, rerepuor	, 00 2/0-0000.		

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