

WATER WELL RI  ☐ Original Record ☐		W W C-5		0004		sion of Wate			Wall ID		
		e in Well U				irces App. N		Torreshin Numb	Well ID	a 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		/ <sub>4</sub> 1/ <sub>4</sub>	Section Number		Г	Township Numb		Range Number R	
2 WELL OWNER: La		74 7		r Direc	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:										check here.	
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)	
WITH "A" IN Donth(s) Groundwater Engountered: 1)											
SECTION BOX:	SECTION BOX: ft or 4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
								ınit make/model:		)	
NW   NE						(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.							☐ Land Survey ☐ Topographic Map			
W			pinggpm			☐ Online Mapper:					
X     X	rater was ft. pumping gpm										
					6 Elevat	tion	n:ft. 🔲 Ground Level 🔲 TOC				
S	Estimated Yield:		in. to ft. and					☐ Land Survey ☐ GPS ☐ Topographic 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									ıl		
☐ 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					
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 JOINTS: Glued Clamped Welded Threaded											
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		,				,					
☐ Septic Tank	□ Lateral Line	s 🗆	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	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		
☐ Other (Specify)											
										C DIEEDIAA C	
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N. This	water	well was F	7.00	nstructed $\square$ reco	nstructed	or nlugged	
under my jurisdiction and	d was completed on (m	no-dav-ve	ar)	14. 11119	and th	is record i	s tru	e to the best of m	v knowled	ge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	nple	ted on (mo-day-v	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 an	a Environment, Bureau of V	vater, Geolo	gy Section, 1	1000 SW Ja	ekson S	t., Suite 420, '	Tope	ka, Kansas 66612-136	<ol> <li>Telephon</li> </ol>	e 785-296-3565.	

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