

WATER WELL RI		W W C-5		1020		sion of Wate			W-11 ID		
		e in Well U	se			irces App. N		Torreshin Numb	Well ID	a a a Mumban	
1 LOCATION OF WATER WELL:		Fraction		4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W	
County: 2 WELL OWNER: La		/4 /		. D.1200	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:				1					
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	WELL:		ft	5 Latitu	ıde.			(decimal degrees)	
WITH "X" IN	Donth(s) Groundwater Engagetared: 1)					8,					
SECTION BOX:	SECTION BOX: ft 2) ft or 4)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27					
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
😾	below land surface, measured on (mo-day-yr							ınit make/model:)	
NW NE	Date above land surface, measured on (mo-day-yr) Pump test data: Well water was							WAAS enabled?		√o)	
								d Survey			
W E						☐ Online Mapper:					
SW SE	after hours				_						
	Estimated Yield:			. 5P111				:ft	. 🔲 Ground	d Level 🔲 TOC	
S	Bore Hole Diameter: in. to				nd <u>Source</u> : ☐ Land Survey ☐ GPS ☐ Topographic Ma						
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa							ld Water Supply: 16			
Household	6. Dewatering: how many wells?										
Lawn & Garden	<u> </u>										
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	Latraction	ı						
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Water well disinfected? \square Yes \square No											
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 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											
Grout Intervals: From Nearest source of possible		. It., From	• • • • • • • • • • • • • • • • • • • •	. It. to	• • • • • • • •	It., From .		It. to	It.		
Septic Tank	Lateral Line	. г] Pit Privy		Пτ	ivestock Per	ne	□ Insecti	cide Storage	<u>,</u>	
Sewer Lines	☐ Cess Pool] Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ll/Gas Well		
☐ Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
				NT 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (n	o-dav-ves	erCATIO. ar)	14. IIIIS '	water and th	wen was L	_ CO s tru	nsuluciou, 🔝 rect e to the best of m	nisu ucieu, v knowled	or prugged ge and helief	
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 ar	a Environment, Bureau of V	vater, Geolo	gy Section, 1	uuu SW Jac	ckson S	t., Suite 420,	1 ope	ka, Kansas 66612-136	7. Telephon	e 185-296-3565.	

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