

WATER WELL RI		W W C-5	. 1000			ion of Water			Wall ID			
Original Record 1 LOCATION OF WA		e in Well Use	2	T		rces App. N		Township Numb	Well ID	naa Numban		
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W			
County:						ural Address where well is located (if unknown, distance and						
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		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	L Donth(a) (Proundwater Engountered: 1)					8,						
SECTION BOX:	2) ft. 3) ft., or 4) \square I				Well Datum: \(\sum \text{WGS 84} \) \(\sum \text{NAD 83} \) \(\sum \text{NAD 27} \)							
N	WELL'S STATIC WATER LEVEL:											
	 below land surface, 	-yr)			PS (u	ınit make/model:)				
NWX 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							
W E	after hours pumping gpr					Online Mapper:						
SW SE	Well water was ft. after hours pumping gp											
	Estimated Yield:gpm					6 Elevation :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	ft and										
1 mile				Other								
1 mile in. to ft. Under												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household	6. Dewatering: how many wells?											
Lawn & Garden												
☐ Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID											
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					l	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):						
4. Industrial	Recovery	∐ In	jection			13. ∐ Otl	her (s	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 in. to ft., Diameter ft., Diameter ft.												
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		10., 1 10111		11. 10	•••••	10, 110111						
Septic Tank	Lateral Line	s 🔲 F	it Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storag	e		
Sewer Lines	Cess Pool		Sewage La	igoon		uel Storage			oned Water			
☐ Watertight Sewer Line		□ F	Feedyard		\Box F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	l		
Other (Specify)												
Direction from well?			ce from w									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	r PLUGGIN	IG 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-day-vear	CATIUI	₹. 11118 V	water \ and th	wen was L	_ COl	nsulucieu, 🔲 Teco e to the best of m	v knowlec	or □ prugged loe and belief		
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was con	າກlet	ted on (mo-day-v	ear)	ige and belief.		
under the business name	of											
under the business name of												
KS Department of Health ar	d Environment, Bureau of V	Vater, Geology	Section, 10	000 SW Jac	kson St	t., Suite 420, '	Topel	ka, Kansas 66612-136	Telephor	ie 785-296-3565.		

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