

WATER WELL RI		W W C-5		0004		sion of Wate			Wall ID			
<u> </u>		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		/ ₄ 1/ ₄	Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		74 7		r Duro	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:										
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engountered: 1)											
SECTION BOX:	ection box: (2) ft (3) ft or (4)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
14	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr					G	PS (ı	ınit make/model:	• • • • • • • • • • • • • • • • • • • •)		
NW NE						(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well water was ft. after hours pumping g							☐ Land Survey ☐ Topographic Map				
W E				☐ Online Mapper:								
SW SE	after hours											
	Estimated Yield:			spin		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to				and Source: ☐ Land Survey ☐ GPS ☐ Topographic Map							
mile		ft.										
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
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 Ext					. a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection	Latraction	1							
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												
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												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest source of possible		. It., From	•••••	. It. to		It., From .		It. to	It.			
Septic Tank	Lateral Line	. г] Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storage			
Sewer Lines	☐ Cess Pool		Sewage L	agoon		Fuel 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		
				N7 4								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction and	d was completed on (n	o-dav-ve	r 10A 1 10 ar)	14. IIIIS	water and th	wen was L	_ CO s tru	nsuluciou, 🔝 rect e to the best of m	nisu ucted, v knowled	or □ prugged ge and helief		
Kansas Water Well Cont	ractor's License No		This W	ater Well	l Reco	ord was con	nple	ted on (mo-day-v	ear)	50 una ocnei.		
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	 Telephon 	e 785-296-3565.		

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