

WATER WELL RI		W W C-5	T	7040		sion of Water			W-11 ID			
Original Record 1 LOCATION OF WA		e in Well U	se			rces App. N		Township Numb	Well ID			
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		Γ	Township Numb	l l	Range Number R □ E □ W			
- v							_ ~					
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 I atitu	de.			(decimal degrees)					
WITH "X" IN	Donth(s) (Proundwater Engountaries 1)					8						
	SECTION BOX: ft 3) ft or 4)					Editate:						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	 below land surface, 	y-yr)				ınit 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							
W X E	after hours pumping gpr Well water was ft.					☐ Online Mapper:						
SW SE	after hours pumping gpi											
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to fi									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												
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?							
2. Irrigation	9. Environmental Remediation: well ID											
3. Feedlot					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:												
SCREEN OR PERFORATION OPENINGS ARE: Continuous Slot												
								other (specify)		•••••		
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft.												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		,				•						
☐ 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		NC INTERVALE		
10 FROM TO	LITHOLOG	TIC LUG		FKU	IVI	10	LHI	HO. LOG (cont.) of	PLUGGII	NG INTERVALS		
				Notes	,.							
11063												
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-ve	ar)		and th	nis record is	s tru	e to the best of m	y knowle	dge and belief.		
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was com	nplet	ted on (mo-day-y	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.											
Legith and Department of Health at	a Lavironnicit, Bureau Of V	, alci, Ocolo	gy occuon, I	DRE WE GOOD.	C HOST	, Duite 420, .	rober	xa, 1xansas 00012-130	77. reteption	10 / 03-470-3303.		

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