

WATER WELL R  ☐ Original Record ☐		W W C-5	_	1001		ion of Wate			W-II ID		
1 LOCATION OF WA		e in Well U	se			rces App. N		Township Numb	Well ID	naa Numbar	
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ra R	nge Number □ E □ W		
County:		74 7		. D.1200	1 Addragg	whor	_ ~				
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:									
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	Donth(a) (Proundwater Engountared: 1)										
SECTION BOX:	ft or 4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface,	y-yr)			PS (u	ınit make/model:		)			
NW NE	above land surface, measured on (mo-day-yr)							(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumpinggp					Online Mapper:					
SW   SE	W SE after hours pumping					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to f										
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										
2. Irrigation	9. Environmental Remediation: well ID										
3.  Feedlot					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water  13. ☐ Other (specify):					
4. Industrial	Recovery		Injection			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 in. to 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 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		10., 1 10111 .		. 11. 10		10, 110111					
Septic Tank	☐ Lateral Line	s 🗆	Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storag	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ell/Gas Wel	l	
Other (Specify)											
Direction from well?			nce from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	r PLUGGIN	G INTERVALS	
				<b>N</b> T 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, yee	1CA 110 r)	TAL TUIS	water '	wen was L	_ CO	nstructed, ∐ rect e to the best of m	mstructed.	, or □ plugged loe and belief	
Kansas Water Well Con	tractor's License No	10-uay-yea	. This W	ater Well	Reco	rd was con	o u u mlet	ted on (mo-day-v	ear)	ige and belief.	
Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) 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 ar	d Environment, Bureau of V	Vater, Geolog	y Section, 1	000 SW Jac	kson S	t., Suite 420,	Topel	ka, Kansas 66612-136	<ol><li>Telephor</li></ol>	ne 785-296-3565.	

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