

WATER WELL RI		W W C-5		0001		sion of Water			Wall ID		
		e in Well U				irces App. N		Township Numb	Well ID	naa 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			Section Number		r	Township Numb		Range Number R □ E □ W	
2 WELL OWNER: La		/4 /		r Duro	1 Addross v	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:										check here.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN											
SECTION BOX:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
N	WELL'S STATIC WATER LEVEL:				it. Source for Latitude/Longitude:						
	<ul> <li>below land surface,</li> </ul>	y-yr)			PS (u	nit 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						
WE	after hours pumping gp Well water was ft.					☐ Online Mapper:					
X SW   SE											
X	Estimated Yield:		umpinggpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to fi										
mile			Other								
1 mile  in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. ☐ Dewatering: how many wells?										
Lawn & Garden	vell ID			☐ Cased ☐ Uncased ☐ Geotechnical							
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot Air Sparge Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. Industrial	Recovery		Injection			13. ∐ Otl	ner (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)											
								Juner (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		10. 10		10., 1 10111 .					
Septic Tank	Lateral Line	s [	Pit Privy			ivestock Per	ıs	☐ Insection	cide Storage	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		□ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	l	
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITE	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS	
				NT 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	OK LANDOWNER'S	OLEKTI.	rICATIO ar)	inis i	water	well was L	COI	iistructed, 🔲 rect	onstructed,	or plugged	
Kansas Water Well Cont	a was completed on (II. tractor's License No	ю-чау-уе	Thic W	 /ater Well	anu ti Reco	nd was con	s uu mlet	ed on (mo-day-v	.y Kilowiec ear)	ge and bellet.	
under the business name of											
KS Department of Health an	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	1000 SW Jac	ekson S	t., Suite 420,	Горек	ka, Kansas 66612-136	7. Telephor	ie 785-296-3565.	

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