

Original Record		W W C-5	_	0040		ion of Wate			Wall ID		
		e in Well U	se			rces App. N		Torreshin Numb	Well ID	a a Numban	
1 LOCATION OF WATER WELL:		Fraction		/ ₄ 1/ ₄	Section Number		Г	Township Numb	l l	Range Number R □ E □ W	
County: 2 WELL OWNER: La		74 7		r D1100	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:				1					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)	
WITH "X" IN	WITH "A" IN Denth(s) Groundwater Engagement (1)					8,					
SECTION BOX:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					Editate:					
IN .	WELL'S STATIC WATER LEVEL:				it. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr						PS (ı	ınit make/model:)	
NW NX						(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map					
WE	after hours				Online Mapper:						
SW SE											
	after hours p				6 Elevation			on:ft. ☐ Ground Level ☐ TOC			
S	Bore Hole Diameter: in. to										
1 mile			□ O41 - · ·								
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 ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. Industrial	Recovery	∐ I	Injection			13. ∐ Otl	her (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 ft. to ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		10, 110111 .				10., 1 10111					
Septic Tank	☐ Lateral Line	es 🗆	Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storage	;	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			nce from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				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-dav-vea	1CA 11U r)	TA! TUIS	water ' and th	wen was L	CO:	nsuucieu, ∐ rec(e to the best of m	nistructed, v knowled	or □ prugged	
Kansas Water Well Cont	tractor's License No	io-uay-yea	. This W	ater Well	Reco	rd was con	o u u nplei	ted on (mo-day-v	g Knowieu ear)	ge and belief.	
under the business name	of										
under the business name of											
KS Department of Health ar	d Environment, Bureau of V	Vater, Geolog	y Section, 1	000 SW Jac	ekson S	t., Suite 420,	Topel	ka, Kansas 66612-136	7. Telephon	e 785-296-3565.	

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