

WATER WELL RI		W W C-5		0011		sion of Wate			W-11 ID		
		e in Well				irces App. N		Torreshin Numb	Well ID	ana Numban	
1 LOCATION OF WATER WELL:		Fraction			Section Number		r	Township Numb		Range Number R □ E □ W	
County: 2 WELL OWNER: La		/4 /		r Duro	1 Addross	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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN											
SECTION BOX:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
N	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)						PS (ı	ınit make/model:)	
NW NE						_		(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumpinggp					Online Mapper:					
★ SW SE	Well water was ft. after hours pumping g										
^	Estimated Yield:		gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to										
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 7. ☐ Aquifer Recharge: well I						☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot Soil Vapor Ext					b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):						
4. Industrial	Recovery		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 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											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From										,	
Nearest source of possible		. 10., 1 1011		. 11. 10		, 110111					
Septic Tank	Lateral Line	s [☐ Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	è	
Sewer Lines	Cess Pool		_ ☐ Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				N 7 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	UK LANDUWNEK'S d was completed on (~	O-day yo	rICATIO (ar)	IN: I IIIS	water	well was L	_l CO	iistructed, \coprod rect	onstructed,	or plugged	
Kansas Water Well Cont	a was completed on (II ractor's License No	io-day-ye	This W	vater Well	anu ti Reco	nd was con	ง แน nnle	ted on (mo-day-v	.y Kilowied ear)	ge and belief.	
under the business name											
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 an	d Environment, Bureau of V	Vater, Geolo	ogy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Tope	ka, Kansas 66612-136	7. Telephon	e 785-296-3565.	

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