

| Original Record | | W W C-5 | _ | J174 | | ion of Water | | | Wall ID | | |
|--|---|----------------|----------------|---------------------------------------|------------------------------------|--|-------------------|--|---|----------------------------------|--|
| 1 LOCATION OF WA | | e in Well U | se | | | rces App. N | | Township Numb | Well ID | naa Numban | |
| County: | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | r | Township Numb | er Ra | nge Number □ E □ W | | |
| - v | | 74 7 | | r Diiro | 1 Addross r | 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: | | | | T | | | | | |
| 3 LOCATE WELL | | ft | 5 I atitu | de. | | | (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, | y-yr) | | □GI | 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 pumpinggpi | | | | | Online Mapper: | | | | | |
| SW SE - X | Well water was ft. after hours pumping gg | | | | | | | | | | |
| | Estimated Yield: | . gpm | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | | | |
| S | Bore Hole Diameter: | ft and | | | | | | | | | |
| 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 ID | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | | | | | | |
| 3. Feedlot | | | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify): | | | | | |
| 4. Industrial | Recovery | | Injection | | | 13. ∐ Otł | 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) | | | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft., from 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., 1 10111 . | | . 11. 10 | ••••• | 10., 1 10111 . | | | | | |
| Septic Tank | Lateral Line | s 🗆 | Pit Privy | | \Box L | ivestock Per | ıs | ☐ Insection | cide Storag | e | |
| Sewer Lines | Cess Pool | | Sewage L | agoon | | uel Storage | | | oned Water | | |
| ☐ Watertight Sewer Line | | | Feedyard | | \Box F | ertilizer Stor | rage | ☐ Oil We | ll/Gas Wel | l | |
| Other (Specify) | | | | | | | | | | | |
| Direction from well? | | | nce from v | | | | | | | | |
| 10 FROM TO | LITHOLOG | FIC LOG | | FRO | M | TO | LITE | HO. LOG (cont.) or | PLUGGI | IG INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | 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-vec | 1CA 110. r) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | water \ and th | wen was L |] COl | usuucieu, 🔲 Tec(e to the best of m | nistructed v knowlea | , or □ prugged loe and belief | |
| Kansas Water Well Cont | tractor's License No | | . This W | ater Well | Reco | rd was com | າກlet | ed on (mo-day-v | ear) | ige 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 | kson St | t., Suite 420, 7 | Topel | ka, Kansas 66612-136 | Telephoi | ne 785-296-3565. | |

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