

Original Record		W W C-5		0010		sion of Wate	- 1		Wall ID		
		e in Well U	se			irces App. N		Torreshin Numb	Well ID	a a Numbar	
1 LOCATION OF WATER WELL:		Fraction		/ <sub>4</sub> 1/ <sub>4</sub>	Section Number		Г	Township Numb		Range Number R □ E □ W	
County:		74 7		. D.1200	1 Addraga	whou					
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 'A' IN Donth(s) Groundwater Engountered: 1)					8						
	SECTION BOX: ft 3) ft or 4)					Dongrade(decimal degrees)					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
							PS (t	ınit make/model:		)	
NW NE						(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was f					☐ Land Survey ☐ Topographic Map					
W E			pumping gpm rater was ft.			☐ O <sub>1</sub>	Online Mapper:				
SW   SE	pumpinggpm			6 Elevation			on:ft. ☐ Ground Level ☐ TOC				
S	gpm in. 1	to				☐ Land Survey ☐ GPS ☐ Topographic Map					
1 mile			D 041								
1 mile  in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden						☐ Ca	sed	☐ Uncased ☐	Geotechnica	ıl	
☐ 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					
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (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 ft. to ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		10., 1 10111 .		. 11. 10		, 110111					
Septic Tank	Lateral Line	s 🗆	Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storage	;	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
Other (Specify)											
Direction from well?			ince 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-vec	r)	14: 1 ms '	water ' and th	wen was L	_ CO	nsuucieu, ∐ rec( e to the best of m	nistructed, v knowlad	or □ prugged	
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was con	o u u nplet	ted on (mo-day-v	ear)	ge and bener.	
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 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