

WATER WELL RI		W W C-5		0100		sion of Wate			Wall ID		
Original Record 1 LOCATION OF WA		e in Well U				irces App. N		Torreshin Numb	Well ID		
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb	er Ka R	Range Number R		
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:											
Address:											
City:	State:	ZIP:									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:									(decimal degrees)		
WITH "X" IN	Donth(a) Croundwater Engagetered: 1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4) \square I										
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	☐ below land surface,					ınit make/model:)			
NW NE	above land surface,		• • • • • • • •			WAAS enabled?					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gpi Well water was ft.					☐ O:	☐ Online Mapper:				
X - SW SE	after hours				6 Elevation:ft. Ground Level TOC						
	Estimated Yield:	•••••••	. sp								
S	Bore Hole Diameter:	ft. and		Source: Land Survey GPS Topographic Map							
mile	in. to										
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa							ld Water Supply: 16			
Household	6. Dewatering: how many wells?										
Lawn & Garden	<u> </u>										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection	Extraction	1						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
8 TYPE OF CASING USED: Steel PVC Other											
Casing diameter											
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											
Nearest source of possible		. It., From	•••••	. It. to		It., From		It. to	It.		
Septic Tank	Lateral Line	. г] Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storag	TA CONTRACTOR	
Sewer Lines	☐ Cess Pool		Sewage L	agoon		Fuel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ell/Gas Wel		
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	: PLUGGI	NG INTERVALS	
				NT 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	d was completed on (n	o-dav-ve	r ICA IIO. ar)	14. 11118	and th	wen was L	⊔ ניט s trii	e to the best of m	v knowle	, or □ pruggeu dge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	l Reco	ord was con	nple	ted on (mo-day-v	ear)		
under the business name	of										
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 and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.											
KS Department of Health an	a Environment, Bureau of V	vater, Geolo	gy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Tope	ka, Kansas 66612-136	 Telephor 	ne /85-296-3565.	

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