

| WATER WELL RI | | W W C-5 | _ | 3310 | | ion of Water | | | Wall IF | | | |
|---|---|-------------------------|-------------|----------------|------------------------------------|------------------|-------------------|--------------------|------------------------|-----------------|--|--|
| Original Record 1 LOCATION OF WA | | e in Well U Fraction | ise | | | rces App. N | | Torreshin Numb | Well ID | | | |
| | 1/4 1/4 1/4 1/4 | | | Section Number | | [| Township Numb | er Ka | ange Number □ E □ W | | | |
| County: 2 WELL OWNER: Las | | /4 / | | r Diiro | 1 Addross v | 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 Latitu | ٩e٠ | | | (decimal degrees) | | | | | |
| WITH "X" IN | | | | | | | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | | |
| | | | | | | □GF | PS (u | nit make/model: | |) | | |
| NW NE | | | | | | | (V | VAAS enabled? | Yes 🔲 | No) | | |
| | Pump test data: Well water wasft. afterhours pumpinggp Well water wasft. afterhours pumpinggp Estimated Yield:gpm | | | | | | | l Survey | | | | |
| W E | | | | | | ☐ Online Mapper: | | | | | | |
| ★ SW SE | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| S | Bore Hole Diameter: in. to | | | | | | | | | Гороgraphic Map | | |
| mile | in. to ft. | | | | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | |
| ☐ Household | d 6. Dewatering: how many wells? | | | | | | | | | | | |
| ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | | | | | | | | |
| 2. Irrigation | | | | | | | | | | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor F | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| ☐ Continuous Stot ☐ Mill Stot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | |
| Nearest source of possible | | | | | | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | | Pit Privy | | | ivestock Per | ıs | ☐ Insection | | | | |
| ☐ Sewer Lines | Cess Pool | | Sewage La | | | uel Storage | | Abando | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | ance from v | FRO | | | | HO. LOG (cont.) 01 | | NG INTEDVALS | | |
| 10 FROM TO | LITHOLOG | one Lou | | TRO | IVI | 10 | LIII | IO. LOG (cont.) of | LUUUI | NO INTERVALS | | |
| | | | | | | | | | | | | |
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| | | | | Notes | L_ | | | | | | | |
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| | | | | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNER'S | CERTIF | EICATIO | N: This v | water | well was | COI | nstructed. □ reco | onstructed | l, or □ plugged | | |
| under my jurisdiction and | d was completed on (m | no-day-yea | ır) | | and th | nis record is | s true | e to the best of m | y knowle | dge and belief. | | |
| Kansas Water Well Cont | ractor's License No | | This W | ater Well | Reco | rd was com | ıplet | ed on (mo-day-y | ear) | | | |
| under the business name | of | TIL OVER | | | | 1 🖺 ೧ | 00.0 | | | | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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. | | | | | | | | | | | | |

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