

WATER WELL RI		W W C-5	1012			ion of Wate			W 11 ID		
<u> </u>		e in Well Use				rces App. N		T 1. ' . N 1.	Well ID	NT1	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4	1/4	1/4	Section	on Numbe	er	Township Numb T S	er Rar	ige Number	
County:  2 WELL OWNER: Last Name:				-	Dumo	1 Address where well is located (if unknown, distance and			□ E □ W		
Business:	st Name:	First:		direction from nearest town or intersection): If at owner's address, check here:							
Address:				unection ii	OIII IIE	arest town or	mier	section). If at Owner	s address,	meck nere.	
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	ELL:	ft. <b>5 Latitude</b> :(decimal degrees)									
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4)										
17	WELL'S STATIC WATER LEVEL:					Source for Latitude/Longitude:					
	, measured on (n				GPS (unit make/model:)						
NW NE	, measured on (mo-day-yr)			••••	(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map					
W E	after hours pumping gpm Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gpm										
	Estimated Yield:					6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to					Source: Land Survey GPS Topographic Ma					
1 mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa							ld Water Supply: le			
Household	6. Dewatering: how many wells?					11. Test Hole: well ID					
☐ Lawn & Garden☐ Livestock	_ 1 _ 5					☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?					
2. Irrigation	8. Monitoring: well ID					a) Closed Loop ☐ Horizontal ☐ Vertical					
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction					b) Open Loop  Surface Discharge  Inj. of Water					
4. ☐ Industrial	☐ Recovery							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 JOINTS: Glued Clamped Welded Threaded											
Casing diameter in. to ft., Diameter in. to 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		,				,					
☐ Septic Tank	□ Lateral Line					ivestock Pe			cide Storage		
☐ Sewer Lines	Cess Pool	☐ Sew		goon		uel Storage			oned Water	Well	
☐ Watertight Sewer Line		☐ Feed	dyard		∐ F∈	ertilizer Sto	rage	∐ Oil We	ll/Gas Well		
☐ Other (Specify)											
10 FROM TO	LITHOLOG		iroin we	FROM						GINTERVALS	
TO PROM TO	LITHOLOG	JIC LOG		TRON	/1	10	LIII	110. LOG (cont.) of	LUUUIN	JINTERVALS	
										-	
				1							
				Notes:	<del>1</del> ;						
				1							
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFICA	TION	: This w	ater v	well was [	co	nstructed, 🗌 reco	nstructed,	or  plugged	
under my jurisdiction an Kansas Water Well Cont	d was completed on (m	no-day-year)		8	and th	is record i	s tru	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont	ractor's License No	T	his Wa	ter Well	Reco	rd was con	nplet	ted on (mo-day-ye	ear)		
under the business name of											
KS Department of Health ar										785-296-3565.	