

WATER WELL RI		W W C-5		0711		ion of Wate			Wall ID		
Original Record    1 LOCATION OF WA		e in Well I				rces App. N		Torreshin Numb	Well ID	ana Numban	
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
County:  2 WELL OWNER: La		74 7		r Direc	al Address where well is located (if unknown, distance and						
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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN Depth(s) Groundwater Encountered: 1)											
SECTION BOX:	SECTION BOX: ft or 4)										
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)						PS (ı	ınit make/model:		)	
NW NE 🗙								(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours			m ☐ Online Mapper:							
SW   SE			was ft. nping gpm								
	Estimated Yield:						tion	on:ft. ☐ Ground Level ☐ TOC			
S	Bore Hole Diameter: in. to					Source:   Land Survey   GPS   Topographic Map					
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						☐ Ca	sed	☐ Uncased ☐	Geotechnica	ા	
☐ 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.											
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)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		,				,					
☐ Septic Tank	□ Lateral Line	s [	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storage	<b>;</b>	
☐ Sewer Lines	Cess Pool		☐ Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			☐ Feedyard		□ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
Other (Specify)											
Direction from well?										IC DIEEDIAA C	
10 FROM TO	LITHOLOG	ilC LOG		FRO	M	TO	LII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNED'S	CERTI	FICATIO	N. This	water	well was F	7.00	nstructed   reco	nstructed	or nlugged	
under my jurisdiction and	d was completed on (m	no-dav-ve	ar)		water and th	wen was ∟ nis record i	s trii	e to the best of m	v knowled	ge and belief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd 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	d Environment, Bureau of V	vater, Geolo	ogy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Tope	ka, Kansas 66612-136	)/. Telephon	e /85-296-3565.	

KSA 82a-1212