

WATER WELL RI ☐ Original Record ☐		W W C-5		0000		sion of Water			Wall ID		
		e in Well U				irces App. N		Township Numb	Well ID	naa Numban	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ra	nge Number □ E □ W	
County:		/4 /		r Duro	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:										check here.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	D WELL:		ft	5 Latitu	de.			(decimal degrees)	
WITH "X" IN	Donth(c) Groundwater Engountered: 1)					8					
SECTION BOX:	SECTION BOX: ft 3) ft or 4)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27					
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)					Gl	PS (u	nit make/model:	•••••)	
NW NE	above land surface, measured on (mo-day-yr)				• • • • • • • • • • • • • • • • • • • •			VAAS enabled?		No)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gr Well water was ft.					☐ Online Mapper:					
SW SE			oumping gpm								
	X Estimated Yield:			spin		6 Elevat	tion:	ft	. 🔲 Groun	d Level 🔲 TOC	
S	Bore Hole Diameter: in. to f				nd Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa							d 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	Latraction	1						
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Water well disinfected? \square Yes \square No											
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 ft. to ft., From ft., From ft., From ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		. ft., From	• • • • • • • • • • • • • • • • • • • •	. ft. to	• • • • • • • • •	ft., From .	• • • • •	ft. to	ft.		
Nearest source of possible ☐ Septic Tank	contamination: Lateral Line	. г] Pit Privy		Пτ	ivestock Per	10	□ Insecti	cide Storage	a	
Sewer Lines	☐ Cess Pool		Sewage L	ลฮดดท		Fuel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Stor		· · · · · · · · · · · · · · · · · · ·	ell/Gas Wel		
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITE	HO. LOG (cont.) or	: PLUGGIN	IG INTERVALS	
				N7 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 10A 1 10 ar)	14. IIIIS	and th	wen was L	_ COl s tru	e to the hest of m	v knowlec	lge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	l Reco	ord was con	ıplet	ed 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	1000 SW Ja	ekson S	t., Suite 420, '	ropel	ca, Kansas 66612-136	 Telephor 	e /85-296-3565.	

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