

WATER WELL RI ☐ Original Record ☐		W W C-5		0000		sion of Wate			Wall ID		
1 LOCATION OF WA		e in Well I				irces App. N		Torreshin Numb	Well ID		
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb	er Ka	ange Number □ E □ W		
2 WELL OWNER: La		74		r Duro	1 Addraga	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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	Llooth(a) (Proundwater Engountered: 1)					8,					
SECTION BOX:	crion box: (2) ft 3) ft or 4)										
N	WELL'S STATIC WA	ft.	ft. Source for Latitude/Longitude:								
	below land surface, measured on (me					GPS (unit make/model:)					
NW NE	above land surface,				• • • • • • •	(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well w				☐ Land Survey ☐ Topographic Map						
E		oing gpm vas ft.			Online Mapper:						
SW SE			pumping gpm								
	Estimated Yield:			spin		6 Eleva	tion	:ft	. 🔲 Groui	nd Level 🔲 TOC	
S	Bore Hole Diameter: in. to				nd Source: Land Survey GPS Topographic Maj						
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa					10. 🔲 Oi	l Fie	ld Water Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID										
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	LAHACHOI	1						
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Water well disinfected? \square Yes \square No											
8 TYPE OF CASING USED: Steel PVC Other											
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											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		. It., From	١	It. to		It., From .		It. to	It.		
Septic Tank	Lateral Line	е Г	☐ Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storag	Te.	
Sewer Lines	☐ Cess Pool		☐ Sewage L	agoon		Fuel Storage		☐ Abando			
☐ Watertight Sewer Line						ertilizer Sto			ell/Gas We		
Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	: PLUGGI	NG 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	rica IIO ar)	14. IIIIS	water and th	wen was L	⊔ ניט s trii	e to the best of m	nisu ucieo v knowle	ı, oı ∟ı pıuggeu doe 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	ogy Section, l	luuu SW Ja	ekson S	t., Suite 420,	1 ope	ka, Kansas 66612-136	 relepho 	ne /85-296-3565.	

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