

Original Record		W W C-5		0400		sion of Wate			Wall ID			
1 LOCATION OF WA		e in Well U				irces App. N		Township Numb	Well ID	nga Numban		
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W			
- v		74 7		r Duro	1 Addraga	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:				1						
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	L Donth(a) (Proundryster Encountered: 1)					8,						
SECTION BOX:	ON \mathbf{DUA} : (2) ft (3) ft or (4)											
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	 below land surface, 	y-yr)				ınit make/model:)				
NW NE	☐ above land surface,		,			(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W E	after hours pumping					Online Mapper:						
SW SE	Well water was ft. after hours pumping gg											
	Estimated Yield:gpi					6 Elevation :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to ft				Source:							
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												
☐ 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 13. ☐ Other (specify):						
4. Industrial	Recovery		Injection			13. ∐ Otl	her (s	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 ft., Diameter 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 ft. to ft., From ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		. 10., 1 10111		. 11. 10		, 110111						
Septic Tank	Lateral Line	s \square	Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	e		
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
			ance from v									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS		
				NT 4								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my jurisdiction an	d was completed on (n	o-day ye	rICATIO ar)	1 1: 1 m1s	water and 11	wen was L	_ COI	nstructed, ∐ rect e to the best of m	v knowled	or <u></u> prugged loe and belief		
Kansas Water Well Cont	ractor's License No	y-y6	This W	ater Well	Reco	rd was con	າກlet	ted on (mo-day-v	ear)	ige and belief.		
under the business name	of											
under the business name of												
KS Department of Health ar	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Topel	ka, Kansas 66612-136	Telephor	ie 785-296-3565.		

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