

WATER WELL RI		W W C-5		100-		ion of Water	- 1		Wall ID			
Original Record 1 LOCATION OF WA		e in Well Us	se			rces App. N		Township Numb	Well ID	naa Numban		
	Fraction 1/4 1/4 1/4 1/4			Section Number		Γ	Township Numb		Range Number R □ E □ W			
County: 2 WELL OWNER: La		/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:												
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)					
WITH "X" IN	L Donth(s) (Proundwater Engountared: 1)											
SECTION BOX:	UNBUA: $\begin{pmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $					Dongreade						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	 below land surface, 	y-yr)		□GI	PS (u	nit make/model:)				
NWX- NE	above land surface, measured on (mo-day-yr)							(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
WE	after hours pumping gpr					Online Mapper:						
SW SE	Well water was					6 Elevation:ft. Ground Level TOC						
S	Bore Hole Diameter: in. to f											
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					12. Geothermal: how many bores?						
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 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)												
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		. 10. 00		10, 110111.						
Septic Tank	Lateral Line	es 🗆	Pit Privy		□L	ivestock Per	ıs	☐ Insection	cide Storage	e		
Sewer Lines	Cess Pool		Sewage La	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	l		
Other (Specify)												
Direction from well?			nce from w									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITE	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-veer	1CA 1101 ·)	IN: I MIS V	water '	wen was L] COI	ustructed, $\ \ \ \ \ $ rect	v knowled	or <u></u> prugged loe and belief		
Kansas Water Well Cont	tractor's License No	io-uay-yeai	. This W	ater Well	Reco	rd was com	nnlet	ed on (mo-day-v	ear)	ige and belief.		
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 ar	d Environment, Bureau of V	Vater, Geology	y Section, 1	000 SW Jac	ekson S	t., Suite 420, 7	Горек	ka, Kansas 66612-136	Telephor	ie 785-296-3565.		

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