

WATER WELL RI		W W C-5		J-101		sion of Water			W-11 ID		
		e in Well I				irces App. N		Torrmohim Numb	Well ID	n an Mumban	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4		/ ₄ 1/ ₄	Section Number		ſ	Township Numb T S		Range Number R □ E □ W	
County:		74 7		r Duro	1 Addross r	whon	_ ~				
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		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN	L Donth(a) (Proundwater Encountered: 1)										
	SECTION BOX: ft or 4)										
N	WELL'S STATIC WATER LEVEL:				t. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr					□GF	PS (u	nit make/model:)	
NW NE							(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.							Survey Topographic Map			
WE	after hours pumpinggg Well water was ft.					Online Mapper:					
SW SE											
	Estimated Yield:			pumping gpm gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to										
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						☐ Cas	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											
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			ivestock Per	ıs	☐ Insection	cide Storage	;	
☐ Sewer Lines	Cess Pool		🛘 Sewage L			Fuel Storage			oned Water		
☐ Watertight Sewer Line			☐ Feedyard		□ F	Fertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
										IC DIEDILALC	
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITE	IO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N. This	water	well was [l cor	structed \square reco	nstructed	or nlugged	
under my jurisdiction an	d was completed on (m	no-dav-ve	ar)	74. 11112	water and th	nis record is	ı cor Striif	to the best of m	v knowled	ge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was com	plete	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 ar	a Environment, Bureau of V	vater, Geolo	ogy Section, l	luuu SW Ja	ekson S	t., Suite 420, [ı opek	a, Kansas 66612-136	7. Telephon	e /85-296-3565.	

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