

WATER WELL RI		W W C-5		2102		sion of Wate			W-11 ID			
		e in Well U				rces App. N		Township Numb	Well ID	naa Numban		
1 LOCATION OF WATER WELL:		Fraction		/ ₄ 1/ ₄	Section Number		r	Township Numb		Range Number R □ E □ W		
County: 2 WELL OWNER: La		74 7		. D.1200	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:				T						
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	L Donth(a) (Proundwater Engountered: 1)											
SECTION BOX:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	 below land surface, 	y-yr)			PS (u	ınit make/model:)				
N X V NE	above land surface, measured on (mo-day-yr)						(V	VAAS enabled?	Yes 🔲	No)		
î`	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
WE	after hours pumping					Online Mapper:						
SW SE	Well water was ft. after hours pumping g											
	Estimated Yield:		gpm		6 Elevation :ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to ft				d Source: ☐ Land Survey ☐ GPS ☐ Topographic Map							
mile		ft.		Other								
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household	6. ☐ Dewatering: how many wells?											
☐ Lawn & Garden	<u> </u>					Cased Uncased Geotechnical						
Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID											
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					l	b) Open Loop						
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?												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Steinless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ 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)												
	☐ Key Punched ☐ W					ne (Open H		outer (Speeing)				
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Dement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible												
☐ Septic Tank	☐ Lateral Line		Pit Privy			ivestock Per			cide Storag			
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)												
Direction from well?								ft				
10 FROM TO	LITHOLOG		ance moni v	FRO				HO. LOG (cont.) or		IG INTERVALS		
TO TROW	EITHOLOG	JIC LOG		TRO	IVI	10	L/111	.10. LOG (cont.) of	LUGGII	IO IIVIERVALD		
				Notes	<u> </u>							
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N: This	water	well was	coı	nstructed, \square reco	onstructed	or plugged		
under my jurisdiction an	d was completed on (m	no-day-yea	ar)		and th	nis record is	s tru	e to the best of m	y knowled	lge and belief.		
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was con	nplet	ted on (mo-day-y	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.												

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