

Original Record		W W C-5	_	2104		ion of Water			Wall ID		
1 LOCATION OF WA		e in Well U	Jse			rces App. N		Township Numb	Well ID		
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
County:		/4 /		. D.1200	1 Addragg	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(c) (Proundwater Engountered: 1)										
SECTION BOX:	SECTION BOA: ft or 4) \Box										
IN .	WELL'S STATIC WATER LEVEL:				t. Source for Latitude/Longitude:						
	below land surface.	y-yr)			PS (u	nit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)					(**************************************					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping gpr					Online Mapper:					
SW SE	Well water was ft. after hours pumping gp										
	Estimated Yield:		gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to fi										
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					
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 in. to 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											
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		\Box L	ivestock Per	ıs	☐ Insection	cide Storag	e	
☐ Sewer Lines	Cess Pool] Sewage L			uel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	1	
☐ Other (Specify)											
			ance from v							IC DIFFERMALC	
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGII	IG INTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (m	o-dav-ves	er(A110 ar)	14. 11118	and th	wen was [j col	e to the hest of m	v knowlea	, or □ pruggeu loe and belief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was con	nplet	ed on (mo-day-v	ear)	-50 and oction	
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	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	1000 SW Jac	ekson S	t., Suite 420, 7	I'opel	ca, Kansas 66612-136	 Telephoi 	ne 785-296-3565.	

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