

WATER WELL RI		W W C-5		0200		sion of Water			Wall ID		
		e in Well U	se			irces App. N		Township Numb	Well ID	naa Numban	
1 LOCATION OF WATER WELL:		Fraction			Section Number		r	Township Numb		Range Number R □ E □ W	
County: 2 WELL OWNER: La		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:									
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN Depth(s) Groundwater Encountered: 1)											
SECTION BOX:	SECTION BOX: ft or 4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)					GI	PS (u	ınit make/model:)	
NW NE X -								VAAS enabled?		No)	
	Pump test data: Well water was ft. afterhours pumping gp Well water was ft.							l Survey			
W E						☐ Online Mapper:					
SW SE	after hours										
	Estimated Yield:		• • • • • • • • • • • • • • • • • • • •	. sp				:ft			
S	Bore Hole Diameter: in. to f				nd Source: Land Survey GPS Topographic Maj						
mile		ft.		☐ Other							
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa					10. 🔲 Oil	l Fiel	d Water Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	<u> </u>										
Livestock	8. Monitoring: well ID							l: how many bores			
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection	Extraction	1						
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Water well disinfected? \square Yes \square No											
8 TYPE OF CASING USED: Steel PVC Other											
Casing diameter											
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											
GRAVEL PACK INTERVALS: From											
Grout Intervals: From Nearest source of possible		. It., From		. It. to		It., From .	• • • • •	It. to	It.		
Septic Tank	Lateral Line	, _–	Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storag	a	
Sewer Lines	☐ Cess Pool		Sewage L	agoon		Fuel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ll/Gas Wel		
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITI	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-dav-ves	r1CA11U ar)	14. 11118	and th	wen was L	_ COl	nsuluciou, 🔝 Tecc e to the best of m	v knowlec	lge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	l Reco	ord was con	nplet	ted 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, Geolog	gy Section, l	UUU SW Jac	ekson S	t., Suite 420, '	1 opeł	ka, Kansas 66612-136	7. Telephor	.e /85-296-3565.	

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