

WATER WELL RI		W W C-5	_	0110		sion of Wate			W-11 ID		
Original Record 1 LOCATION OF WA		e in Well U	se			irces App. N		Torreshin Numb	Well ID	a a a Mumahan	
	Fraction 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb		Range Number R □ E □ W		
County: 2 WELL OWNER: La		/4 /		r D11110	1 Addraga	who					
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	ıde.			(decimal degrees)				
WITH "X" IN	L Donth(s) (Proundwater Encountered: 1)					8					
SECTION BOX:	10N BUX: $ft = 3$ ft or $f(x) \square 1$					Bongitade:(decimal degrees)					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)			PS (ı	ınit make/model:)			
- X _{NW} 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 gp. Well water was ft.					☐ Online Mapper:					
SW SE											
	Estimated Yield:		oumpinggpm			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											
☐ 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 13. ☐ Other (specify):					
4. Industrial	Recovery		Injection			13. ∐ Otl	her (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., 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)											
								Other (Specify)	• • • • • • • • • • • • • • • • • • • •		
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIA											
Grout Intervals: From											
Nearest source of possible		10., 1 10111		. 11. 10		, 110111					
☐ Septic Tank	Lateral Line	s 🗆	Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	è	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				N T 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	OK LANDOWNER'S	O-day ye	r1CA 110. ar)	in: Inis	water	well was L	_ CO	iistructed, \coprod rect	onstructed,	or plugged	
Kansas Water Well Cont	a was completed on (III tractor's License No	io-uay-yea	This W	ater Well	anu ti Reco	nd was con	ouu ∩nle₁	ted on (mo-day-v	.y Kilowied ear)	ge and belief.	
under the business name											
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, Geolo	gy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Topel	ka, Kansas 66612-136	7. Telephon	e 785-296-3565.	

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