

WATER WELL RI		W W C-5	_	1110		ion of Water			W-11 IF			
Original Record 1 LOCATION OF WA		e in Well U	se			rces App. N		Torumahin Mumb	Well ID			
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		[Township Numb	er R	ange Number □ E □ W			
2 WELL OWNER: La		/4 /-		r Diiro	1 Addross v	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	٩e٠			(decimal degrees)					
WITH "X" IN	L Donth(c) (Proundwater Encountered: 1)					8,						
SECTION BOX:	ECHON BOX: (2) ft (3) ft or (4)											
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr))		
NW NE	above land surface,				(V	VAAS enabled?	Yes 🗌	No)				
	Pump test data: Well water was							Survey Topographic Map				
WE						Online Mapper:						
SW SE		ggpm										
	Estimated Yield:		••••••	. gpm	6 Elevation			ft	. 🔲 Grou	nd Level 🔲 TOC		
S	Bore Hole Diameter: in. to fi				d Source: ☐ Land Survey ☐ GPS ☐ Topographic Ma							
mile	in. to ft.					Other						
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. 🗌 Public Wa	ter Supply:	well ID			10. 🔲 Oil	Fiel	d Water Supply: 16	ease			
☐ Household	6. ☐ Dewatering: how many wells?											
☐ Lawn & Garden	<u> </u>											
Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
3. Feedlot	☐ Air Sparge		Soil Vapor	Extraction	1							
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)												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
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	ıs	☐ Insection				
☐ Sewer Lines	Cess Pool		Sewage La			uel Storage		Abando				
□ 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 w	FRO				HO. LOG (cont.) or		NG INTERVALS		
TO TROM	EITHOLOG	JIC LOG		TRO	IVI	10	LIII	10. LOG (cont.) of	LUGGI	NO INTERVILED		
				Notes	<u> </u>	J						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This v	water	well was	COI	nstructed, \square reco	onstructed	i, or plugged		
under my jurisdiction an	d was completed on (m	no-day-yea	ar)		and th	nis record is	s true	e to the best of m	y knowle	edge and belief.		
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was com	ıplet	ed on (mo-day-y	ear)			
under the business name	OI	TELL OWNER	D and mate:	one for ver		da Eac af ¢ =	00 f-	r anah annetmatad				
	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.											