

| Original Record | | W W C-5 | | 2200 | | ion of Water | | | Wall ID | | | |
|--|--|--|----------------|--------------------------------|------------------------------------|--|-------------------|------------------------------|---|--------------------------------------|--|--|
| | | e in Well U | | | | rces App. N | | Township Numb | Well ID | naa Numban | | |
| 1 LOCATION OF WATER WELL: County: | | Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 | | / ₄ 1/ ₄ | Section Number | | Γ | Township Numb | | Range Number R □ E □ W | | |
| - v | | /4 , | | r Duro | 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: | | | | | | | | | | check here. | | |
| Address: | | | | | | | | | | | | |
| City: | State: | ZIP: | | | | 1 | | | | | | |
| 3 LOCATE WELL | | ft | 5 Latitu | de. | | | (decimal degrees) | | | | | |
| WITH "X" IN | | | | | | 8, | | | | | | |
| SECTION BOX: | (1) (1) (2) (3) (4) (3) | | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | | |
| | below land surface, | y-yr) | | | | nit make/model: | |) | | | | |
| NW NE | ☐ above land surface, | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | | |
| W X E | after hours pumpinggp | | | | | Online Mapper: | | | | | | |
| SW SE | Well water wasft. 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 13. ☐ Other (specify): | | | | | | |
| 4. Industrial | Recovery | | Injection | | | 13. ∐ Otl | ner (s | 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) | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | |
| Nearest source of possible | | . 10., 1 10111 | | . 11. 10 | | 10, 110111 . | | | | | | |
| Septic Tank | Lateral Line | s \square | Pit Privy | | | ivestock Per | ıs | ☐ Insection | cide Storag | e | | |
| Sewer Lines | Cess Pool | | Sewage L | agoon | | uel Storage | | | oned Water | | | |
| ☐ Watertight Sewer Line | | | Feedyard | | \Box F | ertilizer Stor | rage | ☐ Oil We | ll/Gas Wel | l | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| | | | ance from v | | | | | | | | | |
| 10 FROM TO | LITHOLOG | FIC LOG | | FRO | M | TO | LITE | HO. LOG (cont.) or | r PLUGGIN | IG INTERVALS | | |
| | | | | | | | | | | | | |
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| | | | | N7 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-day ye | rICATIU ar) | ınıs ' | water ' | wen was L |] COI | ustructed, $\ \ \ \ \ $ reco | v knowlec | or <u></u> prugged loe and belief | | |
| Kansas Water Well Cont | ractor's License No | y-yE | This W | ater Well | Reco | rd was con | nnlet | ed on (mo-day-v | ear) | ige and belief. | | |
| 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 ar | d Environment, Bureau of V | Vater, Geolo | gy Section, 1 | 1000 SW Jac | ekson S | t., Suite 420, | Горек | ka, Kansas 66612-136 | Telephor | ie 785-296-3565. | | |

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