

WATER WELL RI		W W C-5		1020		ion of Water			W-11 ID			
		e in Well Use	2			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			Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		74 7		r D1180	1 Addross r	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 I atitu	de.			(decimal degrees)					
WITH "X" IN												
SECTION BOX:	ION BOX: $(1)$ ft $(2)$ ft $(2)$					Editate:(decimal degrees)						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	<ul> <li>below land surface,</li> </ul>	-yr)				nit make/model:		)				
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							
W X E	after hours pumpinggpi					☐ 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						☐ Cas	sed	☐ Uncased ☐ (	Geotechnic	al		
☐ Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID											
3.					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water  13. ☐ Other (specify):						
4. Industrial	Recovery	∐ In	jection			13. ∐ Otł	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)												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft.												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		10., 1 10111		. 16. 60	•••••	10., 1 10111 .						
☐ Septic Tank	Lateral Line	s $\square$ P	it Privy		□L	ivestock Per	ıs	☐ Insection	cide Storage	e		
Sewer Lines	Cess Pool		lewage La	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line		□ F	eedyard		$\Box$ F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	l		
Other (Specify)												
Direction from well?			ce from w									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITE	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-vear)	CATIO	1 1 1111S V	water ' and th	wen was L	] COl	usuucieu, 🔛 Tec( e to the best of m	v knowled	or □ prugged loe and belief		
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was com	າກlet	ed on (mo-day-v	ear)	ige and belief.		
under the business name	of											
under the business name of												
KS Department of Health ar	d Environment, Bureau of V	Vater, Geology	Section, 1	000 SW Jac	kson S	t., Suite 420, 7	Topel	ka, Kansas 66612-136	7. Telephor	ie 785-296-3565.		

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