

WATER WELL RI  ☐ Original Record ☐		W W C-5		7000		ion of Water			Wall ID			
		e in Well U				rces App. N		Township Numb	Well ID	naa Numban		
1 LOCATION OF WATER WELL:		Fraction		⁄ <sub>4</sub> 1⁄ <sub>4</sub>	Section Number		r	Township Numb		Range Number R □ E □ W		
County:		74 7		. D.1100	1 Addragg	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	Donth(s) Croundwater Encountered: 1)					8						
SECTION BOX:	2) ft. 3) ft., or 4) $\square$ I				Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27							
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr					□GI	PS (t	ınit make/model:		)		
NWNE	E Pump test data: Well water was ft. after hours pumping gp Well water was ft.				•••••	(WAAS enabled? ☐ Yes ☐ No)						
								nd Survey  Topographic Map				
E E						Online Mapper:						
SW   SE												
	Estimated Yield:	· 6F		6 Elevation:ft. Ground Level TOC								
S	Bore Hole Diameter:	ft. and	nd Source: Land Survey GPS Topographic Map									
mile	in. to ft.											
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Water Supply: well ID											
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot	9. Environmental Remediation: wen ib  Air Sparge Soil Vapor Extra					b) Open Loop  Surface Discharge  Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection		=			specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? $\square$ Yes $\square$ No												
8 TYPE OF CASING USED:  Steel PVC Other												
Casing diameter												
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												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest source of possible		. 10., 1 10111	••••••	. 10. 00		10., 1 10111 .						
☐ Septic Tank	☐ Lateral Line	s 🗆	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storag	e		
☐ Sewer Lines	☐ Cess Pool		Sewage L		□F	uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	1		
Other (Specify)								c				
Direction from well?			ance from v							IC INTERNAL C		
10 FROM TO	LITHOLOG	JIC LUG		FRO	IVI	TO	LIII	HO. LOG (cont.) or	PLUGGI	IG INTERVALS		
				Notes	<u> </u>							
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N: This	water	well was	co	nstructed, $\square$ reco	onstructed	, or plugged		
under my jurisdiction an	d was completed on (m	no-day-ye	ar)		and th	nis record is	s tru	e to the best of m	y knowled	dge and belief.		
Kansas Water Well Cont												
under the business name	end one copy to WATER W	FII OWNI	FR and retain	one for you	ir recor	ds Fee of \$5	00 fc	or each constructed my				
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.												

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