

WATER WELL RI		W W C-5		0002		ion of Water			Wall ID			
		e in Well U	se			rces App. N		Township Numb	Well ID	nga Numban		
1 LOCATION OF WATER WELL:		Fraction		/ ₄ 1/ ₄	Section Number		[Township Numb T S		Range Number R □ E □ W		
County:		74 7		r Duro	1 Addragg	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:				Т						
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)					
WITH "X" IN	Llanth(c) (Proundwater Engountared: 1)											
SECTION BOX:	SECTION BOX: $(1, 2)$ ft or (1)											
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)					□GI	PS (u	nit make/model:)		
NW NEX -							(W	VAAS enabled?	Yes 🔲	No)		
	Pump test data: Well water was ft.							nd Survey				
WE	after hours pumping gp Well water was ft.					☐ Online Mapper:						
SW SE	after hours											
	Estimated Yield:					6 Elevation :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to									opographic Map		
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	Lawn & Garden 7. ☐ Aquifer Recharge: well ID											
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?							
2. Irrigation	9. Environmental Remediation: well ID											
3. Feedlot Air Sparge Soil Vapor Ext					l	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
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 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)												
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		,				,						
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Per			cide Storage			
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		□F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	1		
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ince from v	FRO:				Π. HO. LOG (cont.) οι		IC INTEDWALS		
10 FROM TO	LITHOLOG	JIC LUG		FKU.	IVI	10	LIII	10. LOG (cont.) of	PLUGGIN	O INTERVALS		
				Notes	•							
11065.												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction an	d was completed on (m	no-dav-vea	r)	_ 10 11110	and th	is record is	s true	e to the best of m	y knowlec	lge and belief.		
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was con	nplet	ed on (mo-day-y	ear)			
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 and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.												
Legith and Department of Health at	a Lavironnicit, Bureau Of V	1 atc1, UCUIU)	sy section, I	DRE MEGOOD	V2011 9	, oui⊯ 4∠0,	rober	.a, 1xansas 00012-130	77. Telephol	C 103-270-3303.		

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