

WATER WELL RI		W W C-5				ion of Water			Wall ID				
Original Record 1 LOCATION OF WA		e in Well U				rces App. N		Township Numb	Well ID	nga Numban			
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	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:													
Address:													
City:	State:	ZIP:											
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)						
WITH "X" IN	Donth(s) Groundwater Engagetared: 1)						8,						
SECTION BOX:	ON \mathbf{DUA} : ft or A) \Box					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27							
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:								
	☐ below land surface,		GPS (unit make/model:)										
NW NE	above land surface, measured on (mo-day-yr)							VAAS enabled?		No)			
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map								
W E	after hours pumping gpr Well water was ft.					☐ Online Mapper:							
SW X- SE	after hours pumping gp.												
^	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter:	ft. and		Source: Land Survey GPS Topographic Map									
mile	in. to ft.							Other					
7 WELL WATER TO BE USED AS:													
1. Domestic:	Public Wa					10. 🔲 Oil	l Fiel	d Water Supply: 16	ease				
Household	6. Dewatering: how many wells?												
Lawn & Garden	<u> </u>												
Livestock	8. Monitoring: well ID												
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Ext					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water							
4. ☐ Industrial	☐ Recovery		Injection	LAHaciloi	1								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:													
8 TYPE OF CASING USED: Steel PVC Other													
Casing diameter													
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		. It., From		It. to		It., From .		It. to	It.				
Septic Tank	Lateral Line	. г] Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storag	a			
Sewer Lines	☐ Cess Pool		Sewage L	agoon		uel Storage			oned Water				
☐ Watertight Sewer Line						ertilizer Sto			ell/Gas Wel				
Other (Specify)													
Direction from well?			ance from v										
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITI	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 (m	o-dav-ve	ar) .	14. 11118	water and th	won was ∟ nis record i	s tru	e to the best of m	v knowlec	lge and helief			
Kansas Water Well Cont	ractor's License No		This W	ater Wel	Reco	rd was con	nplet	ted on (mo-day-v	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.													
KS Department of Health ar	a Environment, Bureau of V	vater, Geolo	gy section, l	luuu SW Ja	ckson S	t., Suite 420, '	1 opek	ka, Kansas 66612-136	7. Telephor	.e /85-296-3565.			

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