

WATER WELL RI		W W C-5		0001		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			Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		/4 /		r Diiro	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:				T						
3 LOCATE WELL		ft	5 I atitu	de.			(decimal degrees)					
WITH "X" IN												
	SECTION BOX: ft or 4)											
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	 below land surface, 	/-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							
WE	after hours pumpinggpi					☐ Online Mapper:						
SW SE	Well water was fi											
	Estimated Yield:					6 Elevat	tion:	on:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to f											
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	∐ 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 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., 1 10111 .						
☐ Septic Tank	☐ Lateral Line	s 🔲 F	Pit Privy		□L	ivestock Per	ıs	☐ Insection	cide Storag	e		
Sewer Lines	Cess Pool		Sewage La	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line		□ F	Feedyard		\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	r 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	14: 1111S V	water ' and th	wen was L] COl	usuucieu, 🔲 Tec(e to the best of m	v knowlec	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											
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, Geology	Section, 1	000 SW Jac	kson S	t., Suite 420, 7	Topel	ka, Kansas 66612-136	Telephor	ie 785-296-3565.		

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