

WATER WELL RI		W W C-5		1010		ion of Wate			Wall ID		
		e in Well U				rces App. N		Torrachin Numb	Well ID		
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4		4 1/4	Section Number		Г	Township Numb		Range Number R □ E □ W	
County:		74 7		r Direc	1 Addross	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:									
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	Donth(s) Groundwater Engountered: 1)					8,					
SECTION BOX:	(0) (0) (0) (0) (0) (1) (1) (1) (1) (1) (1)					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,			G	PS (ı	ınit make/model:	· • • • • • • • • • • • • • • •)			
NW NE	above land surface, measured on (mo-day-yr)							WAAS enabled?			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp. Well water was ft.					Online Mapper:					
SW SE	after hours pumping										
	Estimated Yield:			. sp		6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft				d Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
mile	in. to ft.						☐ Other				
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa							ld Water Supply: 10			
Household	6. Dewatering: how many wells?										
Lawn & Garden	– 1 ε										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection	Extraction	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	☐ Insection	ride Storac	TA CONTRACTOR	
Sewer Lines	☐ Cess Pool		Sewage L	agoon		uel Storage		☐ Aband			
☐ Watertight Sewer Line						ertilizer Sto					
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGI	NG INTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNED'	CERTI	FICATIO	N. This	water	well was F	7.00	nstructed \square reco	nstructed	or nlugged	
under my jurisdiction and	d was completed on (m	no-dav-ve	ar)		and th	is record i	s tru	e to the best of m	y knowle	dge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was con	nple	ted 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.											
Leading of Freatti and	a Liiviioiiiiciit, Duicau 01 V	, aw, Ocolo	sy seemon, i	ooo o w Jac	C HOOM	, Duite 420,	- obe	na, mansas 00012-130	,,, reichilo	ne 105-270-3303.	

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