

WATER WELL RI		W W C-5		2004		sion of Water			W-11 ID			
		e in Well U				rces App. N		Township Numb	Well ID	n an Numban		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number		r	Township Numb T S		Range Number R □ E □ W		
- v		74		r Duro	1 Addragg	whore	_ ~					
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 4 DEPTH OF COMPLETED WELL:						5 I atitu	de.			(decimal degrees)		
WITH "A" IIV Donth(s) Groundwater Engountered: 1)					8,							
SECTION BOX: 2)												
IN .	WELL'S STATIC WATER LEVEL:							Latitude/Longitude		VIID 21		
	below land surface, measured on (mo-day-yr)							nit make/model:)		
NW NE	above land surface, measured on (mo-day-yr)						(W	/AAS enabled?	Yes 🔲 l	No)		
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W X E	afterhours pumpinggpi Well water wasft.					Online Mapper:						
SW SE	after hours pumping gp											
	Estimated Yield:						6 Elevation:ft. ☐ Ground Level ☐ TOC					
S										opographic Map		
1 mile	in. to fi					Other						
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household	6. ☐ Dewatering: how many wells?											
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well							☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?						
2. Irrigation	9. Environmental Remediation: well ID											
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	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? ☐ Yes ☐ 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)												
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	ll/Gas Well			
Other (Specify)								C.				
Direction from well?										IC INTERMALC		
10 FROM TO	LITHOLOG	JIC LUG		FRO	M	TO	LIIH	IO. LOG (cont.) or	PLUGGIN	GINTERVALS		
						+						
						+						
						+						
				Notes	· ·							
Notes:												
11 CONTRACTOR'S	OR LANDOWNER'S	СЕВТІ	FICATIO	N. This	water	well was [lcon	structed \square reco	nstructed	or nlugged		
under my jurisdiction an	d was completed on (m	no-dav-ve	ar)	11118	and th	nis record is	ı con	to the best of m	v knowled	ge and helief		
Kansas Water Well Cont	ractor's License No		This W	/ater Wel	Reco	rd was com	plete	ed 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,	1000 SW Ja	ekson S	t., Suite 420, 7	ropek	a, Kansas 66612-136)/. Telephon	e /85-296-3565.		

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