

WATER WELL RI		W W C-5		10-17		ion of Wate			W-11 ID		
		e in Well U				rces App. N		Torreshin 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		Range Number R □ E □ W	
2 WELL OWNER: La		74 7		r Direc	1 Addragg	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:										check here.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)	
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engountered: 1)					8					
SECTION BOX: N 2)					Dongtoute						
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
						Gl	PS (t	ınit make/model:)	
NW NE								WAAS enabled?		4 o)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gr Well water was ft.					☐ Online Mapper:					
SW SE	after hours										
	Estimated Yield:			5pm		6 Elevat	tion	:ft	. 🔲 Groun	d Level 🔲 TOC	
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic M						
mile	in. to ft.					□ O41					
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa					10. 🔲 Oil	l Fiel	ld Water Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	– 1 &										
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	Latraction	1						
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 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 Storage	2	
Sewer Lines	☐ Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ll/Gas Well		
Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
				NT - 4							
Notes:											
11 CONTRACTOR'S	OR I ANDOWNED'	СЕРТІ	FICATIO	N. This	water	well was F	7.00	netructed read	netruotod	or nlugged	
under my jurisdiction an	d was completed on (m	o-dav-ve	ar) .	14. 11118	water and th	won was ∟ nis record i	」∪∪. S frii	e to the best of m	v knowled	or prugged ge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	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	ogy Section, l	LUUU SW Jac	ckson S	t., Suite 420, '	ı opel	ka, Kansas 66612-136	7. Telephon	e /85-296-3565.	

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html