

Original Record		W W C-5		2000		ion of Water			Wall ID		
		e in Well U				rces App. N		Township Numb	Well ID	naa Numban	
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		r	Township Numb		Range Number R □ E □ W	
County: 2 WELL OWNER: La		74 7		. D.1200	1 Addragg	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	de.			(decimal degrees)				
WITH "X" IN	Donth(s) (Proundwater Engountaries 1)										
SECTION BOX:	2) ft. 3) ft., or 4)					Bongrous.					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)		□GI	PS (u	nit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)						(V	VAAS enabled?	Yes 🔲	No)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping gpr					Online Mapper:					
SW	Well water was after hours pumping										
					6 Elevat	tion:	n:ft. 🔲 Ground Level 🔲 TOC				
S	Estimated Yield:gpm Bore Hole Diameter:in. to										
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		Injection			13. ∐ Otl	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 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)											
								Juner (Specify)	• • • • • • • • • • • • • • • • • • • •		
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111		. 11. 10		10, 110111 .					
☐ Septic Tank	Lateral Line	s \square	Pit Privy		□L	ivestock Per	ıs	☐ Insection	cide Storag	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	l	
☐ Other (Specify)											
			ance from v								
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	OK LANDOWNER'S	O-day ye	r ICA I I () ar)	IN: I IIIS	water '	well was L	COI	iistructed, 🔲 rect	onstructed	or plugged	
Kansas Water Well Cont	a was completed on (II. tractor's License No	io-uay-yei	This W	vater Well	Reco	ns record is	o uu(mlet	ed on (mo-day-v	.y Kilowiec ear)	ge and bellet.	
under the business name of											
KS Department of Health ar	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	000 SW Jac	kson S	t., Suite 420,	Горек	ka, Kansas 66612-136	7. Telephor	ie 785-296-3565.	

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