

WATER WELL RI		W W C-5		0001		sion of Wate			W-11 ID		
		e in Well Us	se			irces App. N		Torrachia Numb	Well ID	a a Numbar	
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4		/ ₄ 1/ ₄	Section Number		r	Township Numb		Range Number R □ E □ W	
- v		74 7		. D.1200	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:										check here.	
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)	
WITH "A" IN Denth(s) Groundwater Encountered: 1)					8,						
SECTION BOX: 2)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)					GPS (unit make/model:					
NW NE	above land surface, measured on (mo-day-yr)				☐ Land Survey ☐ Topographic Map					l o)	
	Pump test data: Well water was ft.										
W E	after hours pumping gp: Well water was ft.					☐ Online Mapper:					
SW SE	- SW SE after hours pumpin										
	gpm	• • • • • • • • • • • • • • • • • • • •	. sp		6 Elevation:ft. ☐ Ground Level ☐ TC				l Level 🔲 TOC		
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic Map						
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. \square Public Water Supply: well ID											
Household	6. Dewatering: how many wells?										
Lawn & Garden	<u> </u>										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr										
4. ☐ Industrial	☐ Recovery		njection	Extraction	ı						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected?											
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 ft. to ft., From ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		ft., From .		. ft. to	• • • • • • • • • • • • • • • • • • • •	ft., From		ft. to	ft.		
Nearest source of possible			Die Dairer		Πт	irraata ale Da		□ Inconti	aida Ctamaga		
☐ Septic Tank ☐ Sewer Lines	☐ Lateral Line ☐ Cess Pool		Pit Privy Sewage L	agoon		ivestock Pe Juel Storage			cide Storage oned Water		
☐ Watertight Sewer Line									ll/Gas Well		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well											
Direction from well?								ft.			
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	ICATIO	N: This	water	well was	_ co	onstructed, \coprod reco	onstructed,	or □ plugged	
under my jurisdiction an Kansas Water Well Cont	u was completed on (m	io-uay-yeai	This W	Tator Wall	Ross	ns record 1	s tru	ted on (mo day w	y Kilowied	ge and benef.	
under the business name of											
KS Department of Health ar										e 785-296-3565.	

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