

Original Record		WWC-5		0020		ion of Water			Wall ID		
		e in Well Use	e			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:	·	74 7		r D1180	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:										check here.	
Address:											
City:	State:	ZIP:				T					
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN	L Donth(s) (Proundwater Engountered: 1)										
SECTION BOX:	ION BOX: $\begin{pmatrix} 1 & 2 \end{pmatrix}$ ft 3) ft or 4) \Box					Editate:(decimal degrees)					
N	WELL'S STATIC WATER LEVEL:				it. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)					□GI	PS (u	nit make/model:)	
NW XNE	Pump test data: Well water was					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
WE	after hours				Online Mapper:						
SW SE											
	Estimated Yield:		nping gpm pm			6 Elevat	tion:	n:ft. 🔲 Ground Level 🔲 TOC			
S	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										al	
☐ 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	∐ In	jection			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 in. to 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)											
□ 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											
Grout Intervals: From											
Nearest source of possible		10, 110111		. 11. 10		10., 1 10111 .					
Septic Tank	Lateral Line	es 🔲 I	Pit Privy		□L	ivestock Per	ıs	☐ Insection	cide Storage	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line		□ F	Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	l	
Other (Specify)											
Direction from well?			ce from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITE	HO. LOG (cont.) or	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	d was completed on (n	o CEKIIFI oo-day-vear	CATIO.	IN: IMIS	water '	well was L] COI	ustructed, $\ \ \ \ \ $ rect	v knowled	or <u></u> prugged loe and belief	
Kansas Water Well Cont	tractor's License No	io-uay-year,	This W	ater Well	Reco	rd was con	າກlet	ed on (mo-day-v	ear)	ige and belief.	
under the business name	of										
under the business name of											
KS Department of Health ar	d Environment, Bureau of V	Vater, Geology	Section, 1	000 SW Jac	kson S	t., Suite 420,	Topek	ka, Kansas 66612-136	Telephor	ie 785-296-3565.	

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