

WATER WELL RI		W W C-5		1000		sion of Wate			W-11 ID			
<u> </u>		e in Well U	Jse			irces App. N		Torrachia Numb	Well ID	a a a Numban		
1 LOCATION OF WATER WELL: County:		Fraction			Section Number		r	Township Numb		Range Number R □ E □ W		
		/4 /		r D11110	ral Address where well is located (if unknown, distance and							
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 Depth(s) Groundwater Engagement (1)												
SECTION BOX: $(1, 2)$ ft or $(1)$												
N	WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:						
X	above land surface, measured on (mo day-yr						PS (1	unit make/model:		)		
NW   NE								(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W E	afterhours pumpinggr Well water wasft.					Online Mapper:						
SW   SE	- SW SE after hours pumping											
					6 Eleva	tion	on:ft. ☐ Ground Level ☐ TOC					
S	Estimated Yield:gpm  S Bore Hole Diameter:					Source: ☐ Land Survey ☐ GPS ☐ Topographic 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						☐ Ca	sed	☐ Uncased ☐ (	Geotechnica	ા		
☐ 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						
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 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)												
									• • • • • • • • • • • • • • • • • • • •			
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From ft., from ft., From ft., From 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		, 1 10111						
☐ Septic Tank	Lateral Line	s $\square$	Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	è		
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well			
Other (Specify)												
Direction from well?			ance from v									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
				<b>N</b> T 4								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction and	OK LANDOWNER'S	O-day ye	r1CA 110 er)	in: Inis	water	well Was L	CO	onstructed, $\ \ \ \ $	onstructed,	or plugged		
Kansas Water Well Cont	a was completed on (II. tractor's License No	io-uay-yea	This W	ater Well	anu ti Reco	nd was con	ง แน nnle	ted on (mo-day-v	.y Kilowied ear)	ge and belief.		
under the business name of												
KS Department of Health an	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Tope	ka, Kansas 66612-136	7. Telephon	e 785-296-3565.		

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