

WATER WELL RI		W W C-5		0000		sion of Wate			W-11 ID		
Original Record    1 LOCATION OF WA		e in Well I				irces App. N		Torreshin Numb	Well ID		
	Fraction 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb		Range Number R □ E □ W		
County:		/4		r Duro	1 Addraga	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:											
Address:											
City:	State:	ZIP:									
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	Donth(s) Croundwater Engountered: 1)										
SECTION BOX:	N DUA: $(1, 2)$ ft $(3)$ ft or $(4)$					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,			G	PS (ı	ınit make/model:		)			
NW   NE	above land surface, measured on (mo-day-yr)							WAAS enabled?			
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gpr Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gr										
	Estimated Yield:	,			<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	ft. and	Source: Land Survey GPS Topographic Map								
mile	in. to ft.							Other			
7 WELL WATER TO BE USED AS:											
1. Domestic:	<ol><li>Public Wa</li></ol>							ld Water Supply: 16			
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	LAHACHOI	1						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
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											
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	е Г	☐ Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storag	re.	
Sewer Lines	☐ Cess Pool		Sewage L	agoon		Fuel Storage			oned Wate		
☐ Watertight Sewer Line						ertilizer Sto			ell/Gas Wel		
Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	: PLUGGI	NG INTERVALS	
				<b>N7</b> 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-dav-ve	r ICA I IO ar)	14. IIIIS	water and th	wen was L	⊔ ניט s trii	e to the best of m	v knowle	, or □ prugged dge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	l Reco	ord was con	nple	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	gy section, l	luuu SW Ja	ekson S	t., Suite 420,	1 ope	ka, Kansas 66612-136	<ol> <li>relepho</li> </ol>	ne /85-296-3565.	

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