

| WATER WELL RI ☐ Original Record ☐ | | W W C-5 | | 1104 | | sion of Water | | | Wall ID | | |
|--|---|----------------|----------------|----------------|---------------------------------------|---|-------------------|----------------------------|---|------------------|--|
| 1 LOCATION OF WA | | e in Well U | | | | irces App. N | | Township Numb | Well ID | | |
| | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | r | Township Numb | er Ka R | nge Number □ E □ W | | |
| County: | | 74 7 | | r Direc | 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: | | | | 1 | | | | | |
| 3 LOCATE WELL | | ft | 5 Latitu | ıde. | | | (decimal degrees) | | | | |
| WITH "X" IN Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| SECTION BOX: | CHON BOX: $(1, 2)$ ft (3) ft or (4) | | | | | Dongrade(decimal degrees) | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | |
| | below land surface, | y-yr) | | | PS (u | ınit make/model: | |) | | | |
| NW NE | above land surface, measured on (mo-day-yr) | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
|]. | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| WX E | after hours pumping gpr | | | | | Online Mapper: | | | | | |
| SW SE | Well water wasft. after hours pumping gpi | | | | | | | | | | |
| | Estimated Yield:gpm | | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: | ft and | | | | | | | | | |
| 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 | | | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify): | | | | | |
| 4. Industrial | Recovery | | Injection | | | 13. ∐ Otl | her (| 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) | | | | | | | | | | | |
| | | | | | | | | Other (Specify) | • | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft. to 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 | | . 10. 00 | | 10., 1 10111 . | | | | | |
| Septic Tank | Lateral Line | s [| Pit Privy | | | ivestock Per | ns | ☐ Insecti | cide Storag | e | |
| Sewer Lines | Cess Pool | | Sewage L | agoon | | uel Storage | | | oned Water | | |
| ☐ Watertight Sewer Line | | | Feedyard | | \Box F | ertilizer Sto | rage | ☐ Oil We | ll/Gas Wel | 1 | |
| Other (Specify) | | | | | | | | | | | |
| Direction from well? | | | ance from v | | | | | | | | |
| 10 FROM TO | LITHOLOG | FIC LOG | | FRO | M | TO | LITI | HO. LOG (cont.) or | r PLUGGII | NG INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | 37. | | | | | | | |
| Notes: | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged | | | | | | | | | | | |
| under my jurisdiction and | OK LANDOWNER'S | OLEKTI. | rICATIO ar) | INIS I INIS I | water | well was L | CO: | iistructed, L rect | onstructed | , or □ plugged | |
| Kansas Water Well Cont | a was completed on (II. tractor's License No | ю-чау-уе | This W | vater Well | anu ti Reco | nd was con | ง แน ากไค์ | ted on (mo-day-y | .y knowie(ear) | ige and other. | |
| | | | | | | | | | | | |
| 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, | Topel | ka, Kansas 66612-136 | 7. Telephor | ne 785-296-3565. | |

KSA 82a-1212