

WATER WELL RI ☐ Original Record ☐		W W C-5		0100		sion of Water			Wall ID				
1 LOCATION OF WA		e in Well U				irces App. N		Township Numb	Well ID	nga Numban			
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W				
		74 7		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	Llanth(c) (Proundwater Engountared: 1)						8,						
SECTION BOX:	SECTION BOX: 2)												
	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:								
	 below land surface, 	/-yr)				ınit make/model:)					
NW NE	above land surface, measured on (mo-day-yr)						(V	VAAS enabled?	Yes 🔲	No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map								
WE	after hours pumping gpr					Online Mapper:							
SW SE	Well water was ft. after population of the street fill water was supplied to the street fill water was												
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to ft												
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 ☐ 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 JOINTS: Glued Clamped Welded Threaded													
Casing diameter in. to ft., Diameter in. to 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)													
SCREEN-PERFORATED INTERVALS: From													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other													
Grout Intervals: From													
Nearest source of possible		,				,							
☐ Septic Tank	□ Lateral Line	s [Pit Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storag	e			
☐ Sewer Lines	Cess Pool		Sewage L			Fuel Storage			oned Water				
☐ Watertight Sewer Line			☐ Feedyard		☐ F	Fertilizer Stor	rage	☐ Oil We	ell/Gas Wel	Į			
☐ Other (Specify)													
										IC DIFFERNAL C			
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS			
				Notes	· ·								
Notes:													
11 CONTRACTOR'S	OR LANDOWNER'S	СЕВТІ	FICATIO	N. This	water	well was F	7.00	nstructed \square reco	nstructed	or nlugged			
under my jurisdiction and	d was completed on (m	no-dav-ve	ar)		and th	nis record is	s tru	e to the best of m	v knowled	lge and belief.			
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	nplet	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 an	a Environment, Bureau of V	vater, Geolo	gy Section, 1	000 SW Jac	ekson S	t., Suite 420, '	ropel	ka, Kansas 66612-136)/. Telephor	e /85-296-3565.			

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