

WATER WELL RI		W W C-5	_	0004		ion of Wate			Wall ID			
		e in Well U				rces App. N		Torreshin Numb	Well ID	ana Numban		
1 LOCATION OF WATER WELL: County:		Fraction		/ <sub>4</sub> 1/ <sub>4</sub>	Section Number		Г	Township Numb		Range Number R		
2 WELL OWNER: La		/4 /		r Duro	1 Addross	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	4 DEPTH OF COM	IPLETEI	WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	Donth(s) Groundwater Engeuntered: 1)					8,						
SECTION BOX:	$\frac{110N \text{ BOX}}{N}$ 2) ft. 3) ft., or 4)					Dry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface,					ınit make/model:		)				
NW   NE	above land surface, measured on (mo-day-yr)							WAAS enabled?   □		<b>√</b> (o)		
	Pump test data: Well water was ft. after hours pumping				☐ Land Survey ☐ Topographic Map							
W E	Well water was ft.					☐ Online Mapper:						
SW   SE	after hours											
<u>  X          </u>	Estimated Yield:							n:ft. Ground Level TOC				
S	Bore Hole Diameter: in. to fr				nd Source: Land Survey GPS Topographic Map							
mile	111111111111111111111111111111111111111							Other	•••••			
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							ld Water Supply: 16				
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. ☐ Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot	Air Sparge ☐ Soil Vapor Extr					b) Open Loop  Surface Discharge  Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection		-			specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? $\square$ Yes $\square$ No												
8 TYPE OF CASING USED:  Steel PVC Other												
Casing diameter in. to												
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												
Nearest source of possible		. 10., 1 10111		. 11. 10		10., 1 10111			11.			
☐ Septic Tank	Lateral Line	s $\square$	Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	è		
☐ Sewer Lines	☐ Cess Pool		] Sewage L		□F	uel Storage			oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
			ance from v							C DIEEDMALC		
10 FROM TO	LITHOLOG	JIC LUG		FRO	M	TO	LH	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
				Notes	S:							
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	co	nstructed, $\square$ reco	onstructed,	or plugged		
under my jurisdiction and	d was completed on (m	no-day-yea	ar)		and th	nis record i	s tru	e to the best of m	y knowled	ge and belief.		
Kansas Water Well Cont												
under the business name	end one copy to WATER W	ELL OWNE	R and retain	one for you	ir recor	ds Fee of \$5	00 f	or each constructed my				
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.												

KSA 82a-1212