

WATER WELL RI		W W C-5		1140		sion of Wate			W-11 ID			
Original Record    1 LOCATION OF WA		e in Well U				rces App. N		Township Numb	Well ID	naa Numban		
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ra	nge Number □ E □ W			
County:  2 WELL OWNER: La		74 7		. D.1200	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	Donth(a) (Proundwater Encountered: 1)					8,						
SECTION BOX:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											
IN .	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:							
	<ul> <li>below land surface,</li> </ul>	y-yr)			PS (u	ınit make/model:		)				
NW   NE	above land surface, measured on (mo-day-yr)				I			(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
WE	after hours pumping gpn					Online Mapper:						
SW   SE	Well water was ft. after hours pumping gp											
	Estimated Yield:gpm					<b>6 Elevation</b> :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				12. Geothermal: how many bores?							
2. Irrigation	9. Environmental Remediation: well ID											
3. ☐ Feedlot						b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):						
4. Industrial	Recovery	Ш	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)												
□ 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												
Grout Intervals: From												
Nearest source of possible		. 10., 1 10111		. 10. 00		10., 1 10111 .						
☐ Septic Tank	Lateral Line	s [	☐ Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storag	e		
Sewer Lines	Cess Pool		_ ☐ Sewage La	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	l		
Other (Specify)												
Direction from well?												
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGI	IG INTERVALS		
				NT 4								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction and	OK LANDOWNER'S	OLEKTI OLGAN VA	rICATIO. ar)	ınıs ı	water '	well was L	CO:	iistructed, 🔲 rect	onstructed	, or □ plugged		
Kansas Water Well Cont	a was completed on (II. tractor's License No	ю-чау-уе	Thic W	ater Well	Reco	nd was con	ง แน ากไค์	ed on (mo-day-v	.y KIIOWIE( ear)	ige and bellet.		
under the business name of												
KS Department of Health an	d Environment, Bureau of V	Vater, Geolo	ogy Section, 1	000 SW Jac	kson S	t., Suite 420,	Topel	ka, Kansas 66612-136	7. Telephoi	ne 785-296-3565.		

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