

| WATER WELL RI | | W W C-5 | | 2010 | | sion of Water | | | W-11 ID | | |
|--|---|--------------|---|------------|---|---|-------------------|---|--------------|---------------------------|--|
| | | e in Well U | | | | rces App. N | | Township Numb | Well ID | naa Numban | |
| 1 LOCATION OF WATER WELL: County: | | Fraction | | 1/4 1/4 | Section Number | | r | Township Numb | | Range Number R □ E □ W | |
| | | 74 | | r Duro | 1 Addragg | whor | _ ~ | | | | |
| 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) | | | | ft. Longitude:(decimal degrees) | | | | | | |
| SECTION BOX: | 2) ft. 3) ft., or 4) 🗆 I | | | | | | | | | | |
| 14 | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | |
| | ☐ below land surface, | | GPS (unit make/model:) | | | | | | | | |
| NW NE | above land surface, measured on (mo-day-yr) | | | | • | | | VAAS enabled? | | No) | |
| $ _{W}$ | Pump test data: Well water was | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E | afterhours pumpinggpi Well water wasft. | | | | | Online Mapper: | | | | | |
| SW SE | after hours pumpinggp | | | | | | | | | | |
| | Estimated Yield: | ••••••• | sp.111 | | 6 Elevation: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: | Public Wa | | | | | | | d Water Supply: 16 | | | |
| Household | 6. Dewatering: how many wells? | | | | | | | | | | |
| Lawn & Garden | 7. Aquifer Recharge: well ID | | | | | | | | | | |
| 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 | Extraction | 1 | | | | | | |
| | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | . г |] Pit Privy | | Пι | ivestock Per | ne | □ Insecti | cide Storag | a | |
| Sewer Lines | ☐ Cess Pool | | Sewage L | agoon | | uel Storage | | | oned Water | | |
| ☐ Watertight Sewer Line | | | | | | ertilizer Sto | | | ell/Gas Wel | | |
| Other (Specify) | | | | | | | | | | | |
| Direction from well? | | | ance from | | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | | FRO | M | TO | LITI | HO. LOG (cont.) or | PLUGGIN | IG INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | NT 4 | | | | | | | |
| Notes: | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged | | | | | | | | | | | |
| under my jurisdiction and | d was completed on (n | o-dav-ve | r ICA I IO ar) | 1111S | and th | wen was L | _ COl | nsuluciou, 🔝 Tecc e to the best of m | v knowlec | lge and helief | |
| Kansas Water Well Cont | ractor's License No | | This W | /ater Wel | l Reco | rd 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, | 1000 SW Ja | ekson S | t., Suite 420, 7 | 1 opel | ka, Kansas 66612-136 |)/. Telephor | e /85-296-3565. | |

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