6 N	R WELL R			WWC-5			vision of Wat]	And the state of t	
	FION OF W.						ources App.		Townslain Manuel	Well ID	- NI1	
Count	y: Like	APER WEL		Fraction 1/4 W/4	$SW_{1/2}$	3 W See	ction Yumb	er	Township Numb	per Ra	nge Number.	
				First:	1 /4	Street or Ru	ıral Address	whe				
2 WELL OWNER: Last Name: 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: Address: City: William State: No ZIP: 672/2 67												
3 LOCAT	E WELL	4 DEDTH	OF COL	CONTRACTOR XX	/ T	51 0	- T	, 1				
	TH "X" IN CTION BOX: 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)						ft. 5 Latitude:					
	ON BOX:	2) ft. 3) ft., or 4)										
1	WELL'S STATIC WATER LEVEL:							m: 📋	Latitude/Longitude	D 83	NAD 27	
			r). S			unit make/model:)				
NW	above land surface, measured on (mo-day-y								WAAS enabled?			
	Pump test data: Well water was ft.								Survey 🔲 Topogi		,	
w	Е	after	after hours pumping				Online Mapper:					
-#SW	Well water was											
a Lifemen	atter nours pumping					-	6 Elevation: ft Ground Level TTOC					
<u> </u>	S Bore Hole Diameter:								Land Survey			
1 1	mile			in. to .		. ft.	ft. Other					
7 WELL WATER TO BE USED AS:												
1. Domestic	:	5. [Public Wa	iter Supply: we	ell ID		10. 🔲 C	il Fie	ld Water Supply: 1	ease		
	Household 6. Dewatering: how many wells?						11. Test Hole: well ID					
	Lawn & Garden 7. Aquifer Recharge: well ID								☐ Uncased ☐			
Livest				g: well ID					al: how many bore			
 Irrigat Feedle 				al Remediation					Loop Horizon			
4. Indust] Air Sparge] Recovery		l Vapor Ex	xtraction	tion b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: Water well disinfected? Yes No												
Water well disinfected? Yes No CASING IONIES. CASING IONIES. CASING IONIES.												
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)												
	OR PERFORA											
		Mill Slot		auze Wrapped		ch Cut 🔲 I	Orilled Holes		Other (Specify)			
	ered Shutter	☐ Key Puncl	ned 🔲 W	ire Wrapped	□ Saw	Cut 🔲 🗅	None (Open I	Hole)		_		
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft.,										o ft.		
O CDOU	RAVEL PAC	KANLEKV	ALS: From	or	0~	It., From	tt. 1	to	ft., From	ft. t	o ft.	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.												
	rce of possible			it., From	п	i. to	II., From	1	п. то	п.		
☐ Septic			Lateral Line	es 🗀 Pit	Privv	П	Livestock P	ens	□ Insecti	icide Storag	e	
□ Sewer	□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well											
Watert Watert	Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well											
/☐ Other							and the same of th					
Direction fro		C. Jess			e from wel	1?			ft		1911000	
10 FROM	TO	I	ITHOLO	GIC LOG		FROM	TO	LIT.	HO. LOG (cont.) o	r PLUGGII	NG INTERVALS	
	1-4-2		Col armerican constitution	Sound mark		7						
20	27		LA LE	and Carried to the control of the co	and the same of th	my -						
	7/	w.C.C.	and established and a	- Cerry	Contract Con	- Francisco						
			····		***************************************							
***************************************						Notes:	<u> </u>	L				
					<u> </u>	LIUIES.						
			//									
11 CONT	RACTOR'S	OR LANDO	OWNER'S	S CERTIFIC	ATION:	∟ This∈wate	er well was l	Con	nstructed Tree	onstructed	or plugged	
under my	urisdiction an	d was compl	eted on (n	o-day-year).	0-/3		this record	is tru	onstructed, \square recall to the best of m	ny knowle	lge and belief.	
Kansas Wa	ater Well Con	tractor's Dice	ense No. 🏖	f. s. s.	Fhis Wat	er Well Red	cord was co	mple	ted on mo-day-y	ear) . 🔼 🔭	1.5	
under the business name of for factoring of the business name of the of the bu												
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Burgay of Water, Geology Section, 1000 SW, Jackson St., Suite 420, Topology 66612-1367, Telephone (785) 206-1365											copy to Kansas	

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html