

WATER WELL RI		W W C-5		0070		ion of Water			Wall ID			
Original Record 1 LOCATION OF WA		e in Well Us	e			rces App. N		Torreshin Numb	Well ID			
	Fraction 1/4 1/4 1/4 1/4			Section Number		Ţ.	Township Numb	ber Ra	inge Number □ E □ W			
County:	•	74 7		. D.1.00	1 Addross r	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:				T						
3 LOCATE WELL		ft	5 Latitu	۹e٠			(decimal degrees)					
WITH "X" IN	L Donth(c) (Proundwater Encountered: 1)											
SECTION BOX:	2) ft. 3) ft., or 4) \square I											
N	WELL'S STATIC WA	, ft.	ft. Source for Latitude/Longitude:									
	below land surface, measured on (mo-day-yr) below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)					□GF	PS (u	nit make/model:)		
NW NE						(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well w					Survey Topographic Map						
WE	Well water was ft.				m _			Online Mapper:				
SW SE						6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	ft and										
1 mile			Other									
1 mile in. to ft. Uniter												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household	6. ☐ Dewaterin											
Lawn & Garden	7. Aquifer Recharge: well ID											
☐ Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID											
3. Feedlot						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 🔲 1	Pit Privy		\Box L	ivestock Per	ıs	☐ Insection	cide Storag	ge .		
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Stor	age	☐ Oil We	ell/Gas Wel	1		
☐ Other (Specify)												
			ice from v							NG DIEDMALC		
10 FROM TO	LITHOLOG	JIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	: PLUGGII	NGINTERVALS		
				Notes								
Notes:												
11 CONTRACTOR'S	OR LANDOWNER'S	CERTIE	CATIO	N. Thic v	water	well was \Box	1 001	estructed Trace	netructed	or nlugged		
under my jurisdiction an	d was completed on (m	no-day-vear)		and th	won was <u>∟</u> is record is	ı coı Etriif	e to the best of m	v knowle	, or □ pruggeu dge and belief		
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was com	plet	ed 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 ar	a Environment, Bureau of V	vater, Geology	section, l	UUU SW Jac	ekson St	t., Suite 420, 🛚	ı opek	a, Kansas 66612-136)/. Telephor	ne /85-296-3565.		

KSA 82a-1212