

WATER WELL RI		W W C-5	1000			ion of Wate			W 11 ID		
<u> </u>		ge in Well Use				rces App. N		T 1 NI 1.	Well ID	N 1	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4		1/4	Section	on Number		Township Numb		nge Number □ E □ W	
County: 2 WELL OWNER: Last Name:		l.		-	Dumol	1 Addmaga	rriba		R		
Business:	st 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 4 DEPTH OF COMPLETED WELL:					ft. 5 Latitude:(decimal degrees)						
WITH "X" IN	Donth(s) Groundwater Engountered: 1)					Longitude:					
SECTION BOX:	N 2) ft. 3) ft., or 4) \square					Well Datum: TWGS 84 TNAD 83 TNAD 27					
	WELL'S STATIC WATER LEVEL:							Latitude/Longitude			
	, measured on (r				GPS (unit make/model:)						
NW NE		measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)					
W	Pump test data: Well water was ft. after hours pumping					☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
W X E	Well water was ft.					Опше маррег					
SW SE	after hours pumping gpm										
	Estimated Yield:	gpm				6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter:					Source: Land Survey GPS Topographic Map					
1 mile in. to ft.											
7 WELL WATER TO BE USED AS:											
1. Domestic: ☐ Household	5. Public Water Supply: well ID					10. Oil Field Water Supply: lease					
☐ Lawn & Garden						Cased Uncased Geotechnical					
Livestock						12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID					a) Closed Loop					
3. ☐ Feedlot							b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial	☐ Recovery	☐ Injec	ction			13. □ Ot	ther (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											
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.											
TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Stainless Steel □ PVC □ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot	☐ Mill Slot ☐ G	auze Wrapped	☐ Toı	ch Cut	_ Dril	lled Holes		Other (Specify)			
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		It., From	1	τ. το	• • • • • • • • • • • • • • • • • • • •	It., From	•••••	It. to	It.		
Septic Tank	Lateral Line	es 🔲 Pit 🛚	Privv		□Li	ivestock Pe	ens	☐ Insection	cide Storage	2	
☐ Sewer Lines	☐ Cess Pool		vage Lag	goon		uel Storage			oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
			from we							C INTERNAL C	
10 FROM TO	LITHOLOG	JIC LOG		FROM	1	TO	LII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
Notes:											
11 CONTRACTORS OR LANDOWNERS CERTIFICATION. This makes the second of the											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Cont	tractor's License No	T	his Wa	ter Well l	na m Recor	rd was cor	nnle	ted on (mo-dav-v	ear)	ge and belief.	
under the business name	of									· · · · · · · · · · · · · · · · · · ·	
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.											
KS Department of Health ar	id Environment, Bureau of V	vater, Geology Se	ct10n, 100	JU SW Jack	son St	, Suite 420,	Tope	ka, Kansas 66612-136	//. Telephon	e /85-296-3565.	