

WATER WELL RI		W W C-5		1074		sion of Wate			W-II ID			
Original Record 1 LOCATION OF WA		e in Well U				irces App. N		Township Numb	Well ID	naa Numban		
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ra	nge Number □ E □ W			
2 WELL OWNER: La		/4 /		r Duro	1 Addross	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	4 DEPTH OF COM	IPLETEI	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	Donth(s) Groundwater Engountared: 1)					8						
SECTION BOX:	$\frac{1000 \text{ BOA}}{\text{N}}$ 2) ft. 3) ft., or 4) \square					Dry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface,		— (,									
NW NE	above land surface, measured on (mo-day-yr)				• • • • • • •			VAAS enabled? □		No)		
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W E	afterhours pumpinggpi Well water wasft.					☐ Online Mapper:						
K - SW SE	afterhours pumpinggpm					6 Elevation:ft. Ground Level TOC						
S	Bore Hole Diameter:	ft. and		Source: Land Survey GPS Topographic Map								
mile	in. to ft.											
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							d Water Supply: 16				
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extr					b) Open Loop Surface Discharge Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection		-			specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? \square Yes \square No												
8 TYPE OF CASING USED: Steel PVC Other												
Casing diameter in. to												
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												
Grout Intervals: From												
Nearest source of possible		,				, 110111						
☐ Septic Tank	□ Lateral Line	s [Pit Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storage	e		
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Line] Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ell/Gas Wel	Į		
Other (Specify)								C.				
Direction from well? 10 FROM TO	LITHOLOG		ance from v	FRO				tt. HO. LOG (cont.) o		IC INTEDWALS		
10 FROM TO	LITHOLOG	JIC LUG		FRO	IVI	10	LIII	no. Log (cont.) of	PLUGGIN	UNIERVALS		
				Notes	S:	Į.						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	co	nstructed, 🗌 reco	nstructed	or plugged		
under my jurisdiction and	d was completed on (m	no-day-ye	ar)		and th	nis record is	s tru	e to the best of m	y knowled	ge and belief.		
Kansas Water Well Cont												
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.										

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