

WATER WELL RI		W W C-5		1000		sion of Water	- 1		W-11 ID		
Original Record 1 LOCATION OF WA		e in Well Us	e			rces App. N		Township Numb	Well ID	nga Numban	
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		Γ	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La	•	/4 /		r Diiro	1 Addross x	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	de.			(decimal degrees)				
WITH "X" IN	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)										
SECTION BOX:	2) ft. 3) ft., or 4) \square I				ry Well Datum: \square WGS 84 \square NAD 83 \square NAD 27						
N	WELL'S STATIC WATER LEVEL:										
	 below land surface, 	/-yr)		□GI	PS (u	nit make/model:)			
NW NE	above land surface, measured on (mo-day-yr) Pump test data: Well water was				Land			(WAAS enabled? ☐ Yes ☐ No) I Survey ☐ Topographic Map			
1/2											
W E	after hours pumping gpr					☐ Online Mapper:					
SW SE	Well water was					6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to ft										
1 mile											
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden	•					☐ Cas	sed	☐ Uncased ☐ (Geotechnic	al	
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?						
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 diameter											
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 Storage	e	
☐ Sewer Lines	☐ Cess Pool		Sewage La			uel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	Į	
☐ Other (Specify)											
			ice from v							IC DIFFERNAL C	
10 FROM TO	LITHOLOG	JIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
						-					
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTIFI	CATIO	N. Thic v	water	well was [] co:	nstructed \square reco	nstructed	or nlugged	
under my jurisdiction an	d was completed on (m	no-day-year)	11II9 '	and th	is record is	s true	e to the best of m	v knowled	lge 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, 1	UUU SW Jac	ckson S	t., Suite 420, '.	ı opek	ka, Kansas 66612-136	7. Telephor	.e /85-296-3565.	

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