

| WATER WELL RI ☐ Original Record ☐ | | W W C-5 | _ | 1204 | | sion of Water | | | Wall ID | | |
|--|--|---------------------------|---------------|----------------|------------------------------------|---|-------------------------------------|---|---|--------------------------------------|--|
| 1 LOCATION OF WA | | e in Well U | se | | | rces App. N | | Township Numb | Well ID | nga Numban | |
| County: | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | r | Township Numb | | Range Number R □ E □ W | | |
| 2 WELL OWNER: La | | /4 / | | r Diiro | 1 Addross v | 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: | | | | | | | | | | check here. | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | T | | | | | |
| 3 LOCATE WELL | | ft | 5 Latitu | ıde. | | | (decimal degrees) | | | | |
| WITH "X" IN | Llonth(c) (Proundwater Engountered: 1) | | | | | | | | | | |
| SECTION BOX: | ON DUA: $(1, 2)$ ft (3) ft or (4) | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | |
| | | | | | | | PS (u | ınit make/model: | |) | |
| NW NE | | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well water was ft. | | | | | | | d Survey | | | |
| W | after hours | | | | ☐ Online Mapper: | | | | | | |
| SW SE | | rater was ft. pumping gpm | | | | | | | | | |
| | Estimated Yield: | | | | | | 6 Elevation:ft. ☐ Ground Level ☐ TO | | | | |
| S | Bore Hole Diameter: | ft and | | | | | | | | | |
| 1 mile | | | D Others | | | | | | | | |
| 1 mile in. to ft. Uniter | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | | | |
| Lawn & Garden | | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | | | | | | |
| 3. ☐ Feedlot | | | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify): | | | | | |
| 4. Industrial | Recovery | | Injection | | | 13. ∐ Otl | her (s | 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 in. to ft., Diameter in. to ft., Diameter 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) | | | | | | | | | | | |
| | | | | | | | | other (Specify) | • | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft., from ft., From ft., From ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| Nearest source of possible | | . 10, 110111 . | | . 11. 10 | | , 1 10111 . | | | | | |
| Septic Tank | Lateral Line | s \square | Pit Privy | | □L | ivestock Per | ns | ☐ Insection | cide Storag | e | |
| Sewer Lines | Cess Pool | | Sewage L | agoon | | uel Storage | | | oned Water | | |
| ☐ Watertight Sewer Line | | | Feedyard | | \Box F | ertilizer Sto | rage | ☐ Oil We | ll/Gas Wel | l | |
| Other (Specify) | | | | | | | | | | | |
| Direction from well? | | | nce from v | | | | | | | | |
| 10 FROM TO | LITHOLOG | FIC LOG | | FRO | M | TO | LITI | HO. LOG (cont.) or | r PLUGGIN | IG INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | N 7 4 | | | | | | | |
| Notes: | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged | | | | | | | | | | | |
| under my jurisdiction an | d was completed on (n | o-day, yee | 1CA 110 r) | 14: 1 mis ' | water ' | wen was L | _ CO | nstructed, ∐ rect e to the best of m | v knowlec | or <u></u> prugged loe and belief | |
| Kansas Water Well Cont | tractor's License No | 10-uay-yea | . This W | ater Well | Reco | rd was con | o u u mlet | ted on (mo-day-v | ear) | ige 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 constructed well. | | | | | | | | | | | |
| KS Department of Health ar | d Environment, Bureau of V | Vater, Geolog | y Section, 1 | 000 SW Jac | kson S | t., Suite 420, ' | Topel | ka, Kansas 66612-136 | Telephor | ie 785-296-3565. | |

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