

Original Record		W W C-5		7020		sion of Wate			Wall ID			
		e in Well U				irces App. N		Torreshin Numb	Well ID	a a a Mumban		
1 LOCATION OF WATER WELL:		Fraction		4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W		
County:  2 WELL OWNER: La		/4 /		r Diiro	1 Addross	who						
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:				1						
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	Donth(s) Groundwater Engountered: 1)					8						
SECTION BOX:	2) ft. 3) ft., or 4)					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
1	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)					□Gl	PS (ı	ınit make/model:		)		
NW   NE					•••••			WAAS enabled?		√o)		
	Pump test data: Well water wasft.  afterhours pumpinggpi				☐ Land Survey ☐ Topographic Map							
W X E	Well water was ft.					Online Mapper:						
SWSE	after hours pumping gr											
	Estimated Yield:			. 8F		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to fr				d Source: ☐ Land Survey ☐ GPS ☐ Topographic Ma							
mile	in. to ft.						☐ Other					
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							ld 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 PERFORA							_					
☐ Continuous Slot     ☐ Mill Slot     ☐ Gauze Wrapped     ☐ Torch Cut     ☐ Drilled Holes     ☐ Other (Specify)       ☐ Louvered Shutter     ☐ Key Punched     ☐ Wire Wrapped     ☐ Saw Cut     ☐ None (Open Hole)												
								ft Enom	ft to	£.		
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From												
Grout Intervals: From												
Nearest source of possible		. 10., 1 10111	••••••	. 11. 10		10., 1 10111						
☐ Septic Tank	Lateral Line	s [	Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storage	è		
☐ Sewer Lines	☐ Cess Pool		Sewage L		□F	uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well			
☐ Other (Specify)												
			ance from v							C DIEEDMALC		
10 FROM TO	LITHOLOG	JIC LUG		FRO	IVI	TO	LH	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
				Notes	<u> </u>							
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N: This	water	well was	co	nstructed, $\square$ reco	onstructed,	or plugged		
under my jurisdiction an	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	end one copy to WATER W	FII OWN	FR and ratein	one for you	ir recor	ds Fee of \$5	00 f	or each constructed we				
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.												

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