

WATER WELL R ☐ Original Record ☐		W W C-5		3320		ion of Water			Wall ID		
		e in Well Us	se			rces App. No		ovenskin Namb	Well ID	a Numban	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number		1	ownship Numb T S		Range Number R □ E □ W	
County: 2 WELL OWNER: La		/4 /		. D.1.00	1 Addross v	whore					
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	de.			(decimal degrees)				
WITH "X" IN Depth(s) Groundwater Encountered: 1)					8,						
	SECTION BOX: 2)					Dongtoute					
IN	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
🗸	below land surface, measured on (mo-day-y					□GF	S (uni	t make/model:)	
X' ' - NE	ed on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)							
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
W E	after hours										
SW SE			nter was ft. pumping gpm								
					6 Elevat	ion:	n:ft. 🔲 Ground Level 🔲 TOC				
S	S Estimated Yield:gpm Bore Hole Diameter:					Source: Land Survey GPS Topographic Map					
mile	in. to f										
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. ☐ Dewatering: how many wells?										
Lawn & Garden								☐ Uncased ☐ Geotechnical			
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot Air Sparge Soil Vapor Ex											
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 \square	Pit Privy		\Box L	ivestock Pen	ıs	☐ Insection	cide Storage	;	
☐ Sewer Lines	☐ Cess Pool		Sewage La			uel Storage		_	oned Water		
☐ Watertight Sewer Lin			Feedyard		\Box F	ertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			nce from v							C DIEEDIAA C	
10 FROM TO	LITHOLOG	JIC LOG		FRO	M	TO 1	LITHC	D. LOG (cont.) 01	PLUGGIN	G INTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTIE	ICATIO	N. Thics	water	well was F	Cone	tructed 🗆 reco	nstructed	or nlugged	
under my jurisdiction an	d was completed on (m	no-dav-vea	r)	. 1 11112	and th	wen was <u>∟</u> is record is	s true t	o the best of m	v knowled	ge and belief	
Kansas Water Well Con	tractor's License No		. This W	ater Well	Reco	rd was com	pleted	l 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, Geolog	y Section, l	uuu SW Jac	ekson St	t., Suite 420, T	ı opeka,	kansas 66612-136	7. Telephon	e 185-296-3565.	

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