

WATER WELL RI		W W C-5		0420		sion of Wate			W-11 ID			
		e in Well U				rces App. N		Township Numb	Well ID	naa 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		/ <sub>4</sub> 1/ <sub>4</sub>	Section Number		r	Township Numb	l l	Range Number R □ E □ W		
County:  2 WELL OWNER: La		74 7		. D.1200	1 Addraga	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:												
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	Donth(s) (Proundwater Engountaries 1)					8,						
SECTION BOX:	$\frac{1}{2}$ ft or $\frac{1}{2}$											
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:							
	<ul> <li>below land surface,</li> </ul>	y-yr)				ınit make/model:		)				
NW NE	above land surface, measured on (mo-day-yr)				,			(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W E	after hours pumping gpn					Online Mapper:						
SW   SE	Well water wasft. after hours pumping gpi											
	Estimated Yield:gpm				<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to ft											
1 mile			Other									
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					1	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 in. to ft., Diameter in. to 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)												
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 [	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storag	e		
☐ Sewer Lines	Cess Pool		] Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Line			] Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	1		
☐ Other (Specify)												
			ance from v							IC DIFFERMAL C		
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	r PLUGGII	GINTERVALS		
				Noto								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged												
under my jurisdiction an	d was completed on (m	o-dav-ve	ar)	14. 11118	and th	wen was L	_ co. s trii	e to the best of m	v knowlea	, or □ pruggeu loe and helief		
Kansas Water Well Cont	ractor's License No	y	This W	ater Well	Reco	ord was con	nplet	ted 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 ar	d Environment, Bureau of V	vater, Geolo	gy Section, 1	1000 SW Jac	ekson S	t., Suite 420, '	Topel	ka, Kansas 66612-136	<ol> <li>Telephor</li> </ol>	ie 785-296-3565.		

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