

Original Record		W W C-5		5000		sion of Water			Wall ID		
		e in Well U				irces App. N		Township Numb	Well ID	nga Numbar	
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4		/ ₄ 1/ ₄	Section Number		r	Township Numb T S		Range Number R □ E □ W	
- v		74 7		r Duro	1 Addragg	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:				1					
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)					ft. 5 Latitude:					
SECTION BOX:	2) ft. 3) ft., or 4) \square I										
N	WELL'S STATIC WATER LEVEL:				t. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)		□GI	PS (ui	nit make/model:)			
NW NE	Dabove land surface, measured on (mo-day-yr) Pump test data: Well water was					(WAAS enabled? ☐ Yes ☐ No)					
X								l Survey			
WE						Online Mapper:					
SW SE	after hours										
					6 Elevation :ft. ☐ Ground Level ☐ TOC						
S	Estimated Yield:gpm Bore Hole Diameter:in. toft										
1 mile											
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID					☐ Cas	sed	☐ Uncased ☐ □	Geotechnic	al	
☐ 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. □ Oth	ner (s	pecify):	• • • • • • • • • • • • • • • • • • • •		
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)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111		. 10. 10		10, 110111 .					
Septic Tank	Lateral Line	s 🗆	Pit Privy			ivestock Per	ıs	☐ Insection	cide Storage	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ll/Gas Well	l	
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITH	IO. LOG (cont.) or	r PLUGGIN	IG INTERVALS	
				NT 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-dav-ve	r ICA HO ar)	14: 1 ms	water and th	wen was L	i con	isitucted, [] Fect to the best of m	nistructed, v knowled	or □ prugged loe and belief	
Kansas Water Well Cont	ractor's License No	y-yc	This W	ater Well	Reco	rd was com	nnlete	ed on (mo-day-v	ear)	ige and belief.	
under the business name	of										
under the business name of											
KS Department of Health ar	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	000 SW Jac	ekson S	t., Suite 420, 7	Горек	a, Kansas 66612-136	Telephon	ie 785-296-3565.	

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