

WATER WELL RECO.		WWC-5		9730		ion of Water		W 11 ID				
Original Record Correct		e in Well Use	;			rces App. No		Well ID	NY 1			
		Fraction	1/ 1.	/ 1/	Secti	on Number	Township Numb		ige Number			
County:			1/4 1/4		D	1 A 11	<u>T</u> S	R	□E □W			
2 WELL OWNER: Last Name Business:	First:	· ·										
	Address:							from nearest town or intersection): If at owner's address, check here:				
Address:												
City:	State:	ZIP:										
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: .					ft 5 Lotitudo: (decimal decuma)							
WITH "A" IN Donth (s) Crowndwiston Engagement (1)												
SECTION BOA: (2) ft (3) ft or (4)												
WELL'S STATIC WATER LEVEL:												
□ below land surface, measured on (mo-day-yr							S (unit make/model:)			
above land surface, measured on (mo				-yr)			(WAAS enabled? ☐ Yes ☐ No)					
Pump test data: Well water						☐ Land Survey ☐ Topographic Map						
W E		pumping gpm			☐ Online Mapper:							
SW SE	Well water was ft.											
after hours pumping				. gpm	6 Elevation:ft. ☐ Ground Level ☐ TOC				Level TOC			
S Bore Hole Diameter: in. to				ft and								
1 mile in. to					D Other							
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household												
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID								Geotechnical	1			
Livestock	8. Monitoring: well ID											
2. Irrigation	rigation 9. Environmental Remediation: well ID.											
3. Feedlot Soil Vapor Ex				Extraction	1	b) Open Loop						
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 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)												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible contamination:												
☐ Septic Tank	Lateral Line		it Privy			ivestock Pens		cide Storage				
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well												
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ce from w	FRO			π ITHO. LOG (cont.) ο		CINTEDVALC			
10 FROM TO	LITHOLOG	HC LOG		FKU	IVI	10 1	TTHO. LOG (Colit.) 0	I FLUUGIIN	JINTERVALS			
				Notes	:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my jurisdiction and was	completed on (m	o-day-year)			and th	is record is	true to the best of m	y knowleds	ge and belief.			
Kansas Water Well Contractor	's License No		This W	ater Well	Reco	rd was com	oleted on (mo-day-y	ear)				
under the business name of	4- \$57 A (DDC) \$51	ELL OWNER		C		1- E C050	0 f 1 / 1	-11				
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.												

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