

WATER WELL RI		W W C-5	1004			ion of Wate			W 11 ID		
<u> </u>		ge in Well Use				rces App. N		T 1 N 1.	Well ID	NI1	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4		1/4	Secti	on Number		Township Numb		ige Number	
County:  2 WELL OWNER: Last Name:				-	Dumo	1 A d dmaga	rrib o		R	□ E □ W	
Business:	st Name:	First:	First: Street or Rural Address where well is located (if unknown direction from nearest town or intersection): If at owner's address,								
Address:											
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	ELL:	ft. 5 Latitude:(decimal degrees)									
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) $\square$ I				Vell Datum: \(\pi\) WGS 84 \(\pi\) NAD 83 \(\pi\) NAD 27						
	WELL'S STATIC WATER LEVEL:					Source for Latitude/Longitude:					
	below land surface, measured on (mo-c							unit make/model:		)	
NW NE	above land surface.						WAAS enabled?		(o)		
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map					
W XE	after hours pumping gpm Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gpm										
	Estimated Yield:		5P		<b>Elevation</b> :ft. Ground Level TOC						
S	Bore Hole Diameter: in. to ft. a					Source: Land Survey GPS Topographic Map					
1 mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa							ld Water Supply: le			
Household	6. ☐ Dewatering: how many wells?					11. Test Hole: well ID					
☐ Lawn & Garden☐ Livestock						☐ Cased ☐ Uncased ☐ Geotechnical					
2. Irrigation	8. Monitoring: well ID					12. Geothermal: how many bores?					
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction					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 JOINTS: Glued Clamped Welded Threaded											
Casing diameter 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)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  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		t Privy			ivestock Pe			cide Storage		
☐ Sewer Lines	Cess Pool		wage Lag	goon		uel Storage			oned Water		
☐ Watertight Sewer Lin		☐ Fe	edyard		☐ Fe	ertilizer Sto	orage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
10 FROM TO	LITHOLOG		e from we	FRO						CINTEDVALS	
TO PROME TO	LITHOLOG	31C LOG		TROI	VI	10	LII	IIO. LOG (cont.) of	LUGGIN	UINTERVALS	
					_						
				Notes	:	<u> </u>					
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFIC	CATION	: This v	vater v	well was	co	nstructed, 🔲 reco	nstructed,	or plugged	
under my jurisdiction an Kansas Water Well Com	d was completed on (m	no-day-year)			and th	is record i	is tru	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont	ractor's License No	· · · · · · · · · · · · · · · · · · ·	This Wa	ter Well	Reco	rd was cor	mple	ted on (mo-day-ye	ear)	•••••	
under the business name of											
KS Department of Health ar										785-296-3565.	