

| WATER WELL RI | | W W C-5 | _ | 1100 | | ion of Water | | | Wall ID | | | |
|--|--|---------------|---------------|----------------|------------------------------------|------------------|-------------------|-----------------------------|------------------------|------------------|--|--|
| Original Record 1 LOCATION OF WA | | e in Well U | se | | | rces App. N | | Torumahin Mumb | Well ID | | | |
| | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | | Township Numb | er Ra | ange Number □ E □ W | | | |
| County: 2 WELL OWNER: La | | 74 7 | | r Diiro | 1 Addross r | whor | - ~ | | | | | |
| 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: | | | | T | | | | | | |
| 3 LOCATE WELL | | ft | 5 Latitu | de٠ | | | (decimal degrees) | | | | | |
| WITH "X" IN | Donth(c) (Proundwater Encountered: 1) | | | | | 8, | | | | | | |
| SECTION BOX: | HON BOA: (2) ft 3) ft or 4) | | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | | |
| | ☐ below land surface, | y-yr) | | □GF | S (u | nit make/model: | |) | | | | |
| - X NW NE | □ above land surface, measured on (mo-day-yr) Pump test data: Well water was | | | | | | (W | VAAS enabled? | Yes 🗆 | No) | | |
| ^ | | | | | | | | l Survey | | | | |
| WE | | | | | | ☐ Online Mapper: | | | | | | |
| SW SE | after hours | | | | | | | | | | | |
| | Estimated Yield: | | | | | 6 Elevat | ion: | on:ft. ☐ Ground Level ☐ TOC | | | | |
| S | Bore Hole Diameter: in. to | | | | | | | | | Гороgraphic Map | | |
| 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 | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | | | | |
| 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 | | Pit Privy | | | ivestock Per | ıs | ☐ Insection | | | | |
| Sewer Lines | Cess Pool | | Sewage La | | | uel Storage | | Abando | | | | |
| ☐ Watertight Sewer Line | | | Feedyard | | \Box F | ertilizer Stor | age | ☐ Oil We | ll/Gas We | 11 | | |
| Other (Specify) | | | | | | | | C. | | | | |
| Direction from well? | | | ince from w | | | | | | | NO INTERMATO | | |
| 10 FROM TO | LITHOLOG | alc LOG | | FRO | IVI | TO | LIII | HO. LOG (cont.) or | PLUGGI. | NG INTERVALS | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | Notes | | | | | | | | |
| 110105. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | | |
| under my jurisdiction an | d was completed on (n | no-dav-vea | r) | 11119 / | and th | is record is | triie | e to the best of m | v knowle | dge and belief. | | |
| Kansas Water Well Cont | ractor's License No | | This W | ater Well | Reco | rd was com | plet | ed on (mo-day-y | 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 | gy Section, 1 | uuu SW Jac | kson St | t., Suite 420, 🛚 | ιopek | ka, Kansas 66612-136 | 7. Telepho | ne /85-296-3565. | | |

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