

WATER WELL RI		W W C-5		1001		ion of Water			Wall ID			
Original Record 1 LOCATION OF WA		e in Well Us Fraction	se			rces App. N		Township Numb	Well ID	nga Numbar		
	1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W			
County:		74 7		r D1100	1 Addragg	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:										
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)					
WITH "X" IN						8,						
SECTION BOX:	2) ft. 3) ft., or 4) \square I											
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	☐ below land surface, measured on (mo-day-yr) ☐ above land surface, measured on (mo-day-yr)						PS (u	nit make/model:)		
NW NE					· · · · · · · · · · · · · · · · · · ·			(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W X E	after hours pumping gpr					Online Mapper:						
SW SE	Well water was ft. after hours pumping gp											
	Estimated Yield:gpm				6 Elevation :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						☐ Ca	sed	☐ Uncased ☐ (Geotechnic	al		
☐ Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID											
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):						
4. Industrial	Recovery	∐ I	njection			13. ∐ Otl	ner (s	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)												
□ 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		10., 1 10111 .		. 10. 00		10, 110111 .						
☐ Septic Tank	Lateral Line	s \square	Pit Privy		□L	ivestock Per	ıs	☐ Insection	cide Storage	e		
Sewer Lines	Cess Pool		Sewage La	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	l		
☐ Other (Specify)												
			nce from w									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITE	HO. LOG (cont.) or	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-vesi	1CA 1101 r)	TA! THIS	water ' and th	wen was [_ nis record io] CO1	usuucieu, 🔛 Tec(e to the best of m	v knowled	or □ prugged loe and belief		
Kansas Water Well Cont	tractor's License No		. This W	ater Well	Reco	rd was con	າກlet	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, Geolog	y Section, 1	000 SW Jac	ckson S	t., Suite 420,	Topek	ka, Kansas 66612-136	Telephor	ie 785-296-3565.		

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