

WATER WELL RI		W W C-5		0020		sion of Water			W-11 ID				
		e in Well U				irces App. N		Township Numb	Well ID	naa Numban			
1 LOCATION OF WATER WELL: County:		Fraction		1/4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W			
2 WELL OWNER: La		74		r Duro	1 Addragg 1	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	ıde.			(decimal degrees)						
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					ft.   5 Latitude:							
SECTION BOX:	2) ft. 3) ft., or 4) $\square$ $\square$				/ Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 ft. Source for Latitude/Longitude:								
	WELL'S STATIC WATER LEVEL:												
	below land surface,		<b>—</b> • • • (*******************************										
NW   NE	Pump test data: Well water was ft.				• • • • • • • • • • • • • • • • • • • •			VAAS enabled?		No)			
								l Survey					
E E					Online Mapper:								
SW   SE	after hours												
	Estimated Yield:g			8F		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to ft				d Source: Land Survey GPS Topographic Map								
mile	in. to ft.								• • • • • • • • • • • • • • • • • • • •				
7 WELL WATER TO BE USED AS:													
1. Domestic:	5. Public Wa							d Water Supply: 16					
Household	6. Dewatering: how many wells?												
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID												
2. Irrigation	8. Monitoring: well ID												
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extr					b) Open Loop  Surface Discharge  Inj. of Water							
4. ☐ Industrial	☐ Recovery		Injection					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													
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
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		Pit Privy			ivestock Per		☐ Insection	cide Storage	e			
☐ Sewer Lines	Cess Pool		] Sewage L			Fuel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify)													
10 FROM TO	LITHOLOG		ance from v	FRO				HO. LOG (cont.) 01		IC INTEDVALS			
10 TROM TO	LITHOLOG	nc Log		TRO	IVI	10	LIII	IO. LOG (cont.) of	LUUUII	O INTERVALS			
Notes:													
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	COI	nstructed, 🗌 reco	onstructed.	or plugged			
under my jurisdiction an	d was completed on (m	no-day-yea	ar)	······································	and th	his record is	s true	e to the best of m	y knowled	ge and belief.			
Kansas Water Well Cont													
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