

WATER WELL RI		W W C-5		0001		sion of Water			W-11 ID		
Original Record 1 LOCATION OF WA		e in Well U Fraction				irces App. N		Township Numb	Well ID	nga Numban	
County:	1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
- v		74 7		r Duro	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	Donth(a) (Proundwater Engountaries 1)					8,					
SECTION BOX:	SECTION BOX: ft or 4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)		□GI	PS (u	nit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)				· · · · · · · · · · · · · · · · · · ·			(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W XE	after hours pumpinggpi					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 fi										
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					
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)											
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.											
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		. 10., 1 10111		16. 60		10., 1 10111 .					
Septic Tank	Lateral Line	s \square	Pit Privy			ivestock Per	ıs	☐ Insection	cide Storag	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		□ F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	l	
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITE	HO. LOG (cont.) or	r 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-day ye	r ICA I IO ar)	inis inis '	water	well was L] COI	ustructed, $\ \ \ \ \ $ reco	v knowlec	or □ prugged	
Kansas Water Well Cont	ractor's License No	y-y6	This W	/ater Well	Reco	ord was con	າກlet	ed on (mo-day-v	ear)	ige and belief.	
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 ar	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	1000 SW Jac	ekson 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