

WATER WELL RI		W W C-5		1110		ion of Water			Wall ID		
Original Record 1 LOCATION OF WA		e in Well U	se			rces App. N		Township Numb	Well ID	naa Numban	
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ra	nge Number □ E □ W		
- v		74 7		r Diiro	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:				Т					
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN											
SECTION BOX:	ECHON BOX: $\begin{pmatrix} 1 & 2 \\ 2 & 4 \end{pmatrix}$ ft or $\begin{pmatrix} 1 \\ 2 \end{pmatrix}$					Bongitade:(decimal degrees)					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface,	-yr)		□GI	PS (u	nit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)						(V	VAAS enabled?	Yes 🔲	No)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	afterhours pumpinggp: Well water wasft.					Online Mapper:					
SW SE	after hours pumping										
	Estimated Yield:					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:	ft. and						Opographic Map			
1 mile											
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
☐ Lawn & Garden											
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID					a) Closed Loop _ Horizontal Uertical					
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?											
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			cide Storag		
☐ Sewer Lines	☐ Cess Pool		Sewage La	agoon		uel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water		
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)											
10 FROM TO	LITHOLOG		ince from w	FRO				π. HO. LOG (cont.) οι		JC INTEDVALS	
10 FROM TO	LITHOLOG	JIC LUG		FKU	IVI	10	LIII	10. LOG (cont.) of	PLUGGII	NG INTERVALS	
				+							
				Notes							
110163											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (m	no-dav-vea	r)	. ,	and th	is record is	s tru	e to the best of m	y knowlea	lge and belief.	
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was con	nplet	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.										
Legith and Department of Health at	a Lavironnicit, Bureau Of V	, aici, Oco108	sy occuon, I	OUC S W JAC	VPOOH 9	, oui⊯ 4∠0,	rober	xa, 1xansas 00012-130	,, reichiioi	ic /05-470-3303.	

KSA 82a-1212