

Original Record		WWC-5		5050		ion of Water			Wall ID				
1 LOCATION OF WA		e in Well Use Fraction	2			rces App. N		Township Numb	Well ID	naa Numban			
County:	1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W				
- v		/4 /		. D.1.00	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 I atitu	de.			(decimal degrees)						
WITH "X" IN	Donth(s) (Proundwater Engountaries 1)						8,						
SECTION BOX:	2) ft. 3) ft., or 4)												
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) Pump test data: Well water wasft.					□GI	PS (u	nit make/model:)			
NW 57 NE						(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map							
WE	after hours				Online Mapper:								
SW SE	Well water was hours pumping Estimated Yield:gpm												
						6 Elevat	tion:	n:ft. 🗌 Ground Level 🗎 TOC					
S	Bore Hole Diameter: in. to f												
1 mile			Other										
1 mile in. to ft. Uniter													
1. Domestic: 5. Public Water Supply: well ID													
☐ Household	6. ☐ Dewaterin												
Lawn & Garden						☐ Cas	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	∐ In	jection			13. ∐ Otł	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., 1 10111 .							
Septic Tank	Lateral Line	s 🔲 F	Pit Privy		\Box L	ivestock Per	ıs	☐ Insection	cide Storage	e			
Sewer Lines	Cess Pool		Sewage La	agoon		uel Storage			oned Water				
☐ Watertight Sewer Line		□ F	Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	l			
Other (Specify)													
Direction from well?			ce 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-vear)	CATIO	TA! THIS	water ' and th	wen was L] COl	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 com	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, Geology	Section, 1	000 SW Jac	kson St	t., Suite 420, 7	Topel	ka, Kansas 66612-136	Telephor	ie 785-296-3565.			

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