

WATER WELL RI		W W C-5		3010		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		/ <sub>4</sub> 1/ <sub>4</sub>	Section Number		r	Township Numb		Range Number R	
- v		/4		r Duro	1 Addraga	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	L Donth(c) (Proundwater Encountered: 1)										
SECTION BOX:	CHON BOX: $(2)$ ft $(3)$ ft or $(4)$										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
X	<ul> <li>below land surface,</li> </ul>	y-yr)			PS (u	ınit make/model:		)			
NW NE	above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.				Land			(WAAS enabled? ☐ Yes ☐ No)			
								urvey 🔲 Topogr			
WE	afterhours pumpinggp: Well water wasft.					Online Mapper:					
SW   SE											
	Estimated Yield:		pumping gpm			6 Elevat	tion:	n:ft. 🔲 Ground Level 🔲 TOC			
S	Bore Hole Diameter: in. to										
1 mile			D Other								
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										
. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. Industrial	Recovery	Ш	Injection			13. ∐ Otl	her (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 in. to 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 ft. to ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From											
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 [	☐ Pit Privy			ivestock Per	ns	☐ 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?											
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	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-dav-ve	r ICA HO ar)	TA: TUIS	water and th	wen was L	_ COl	nsulucieu, 🔲 Teco e to the best of m	v knowlec	or □ prugged loe and belief	
Kansas Water Well Cont	ractor's License No		This W	/ater Well	Reco	ord was con	o u u mlet	ted 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, Geolo	ogy Section, 1	1000 SW Jac	ekson S	t., Suite 420,	Topel	ka, Kansas 66612-136	<ol><li>Telephor</li></ol>	ie 785-296-3565.	

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