

WATER WELL RI		W W C-5		0020		sion of Wate			Wall ID		
		e in Well U				irces App. N		Torreshin Numb	Well ID	a Numban	
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb		Range Number R □ E □ W	
2 WELL OWNER: La	First:	/4 /		r Duro	1 Addross	who					
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:										check here.	
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)	
WITH "A" IN Donth(s) Groundwater Engountered: 1)											
SECTION BOX: 2) ft. 3) ft., or 4)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
						Gl	PS (ı	ınit make/model:	• • • • • • • • • • • • • • • • • • • •	)	
NW   NE								WAAS enabled?		<b>l</b> o)	
	Pump test data: Well water was ft.  afterhours pumping gpr  Well water was ft.							l Survey			
W E						Online Mapper:					
SW   SE	pumping gpm										
	gpm	••••••	5pm		6 Elevat	tion	:ft	. Ground	l Level 🔲 TOC		
S	Bore Hole Diameter: in. to f				nd <u>Source</u> : ☐ Land Survey ☐ GPS ☐ Topographic Map						
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
Household	6. Dewatering: how many wells?										
Lawn & Garden	<u> </u>										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection	Extraction	1						
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 JOINTS: Glued Clamped Welded Threaded Casing diameter in to the Diameter of the											
Casing diameter											
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., From ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		. ft., From		. ft. to		ft., From .		ft. to	ft.		
Nearest source of possible			Die Dairer		Πт	iveate als Da		□ Inconti	aida Ctamaga		
☐ Septic Tank ☐ Sewer Lines	☐ Lateral Line☐ Cess Pool		] Pit Privy ] Sewage L	agoon		ivestock Per Juel Storage			cide Storage oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ll/Gas Well		
□ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well       □ Other (Specify)     □ Other (Specify)											
Direction from well?								ft.			
10 FROM TO	LITHOLOG			FRO				HO. LOG (cont.) or		G INTERVALS	
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	] co	nstructed, ∐ reco	onstructed,	or ∐ plugged	
under my jurisdiction an Kansas Water Well Cont	u was completed on (m	ю-aay-yea	af) This W	Vator Wall	and th	iis record i	s tru	ted on (mo day w	y Kilowied	ge and benef.	
under the business name of											
KS Department of Health ar										e 785-296-3565.	

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