

WATER WELL RI		W W C-5	_	0000		ion of Water			Wall ID		
Original Record 1 LOCATION OF WA		e in Well Us Fraction	se			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		
2 WELL OWNER: La		/4 /		r Diiro	1 Addross v	vhor	- ~				
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 Latitu	de.			(decimal degrees)				
WITH "X" IN											
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)				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						
W	after hours pumpinggg Well water was ft.					☐ Online Mapper:					
X - SW SE			pumpinggpm					n:ft. Ground Level TOC			
	Estimated Yield:					6 Elevat	tion:				
S	Bore Hole Diameter: in. to f										
1 mile			D Odbara								
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										
3. Feedlot Air Sparge Soil Vapor Ext					l	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. Industrial	Recovery	∐ Iı	njection			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 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											
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 🗆	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			Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	l	
Other (Specify)											
Direction from well?			nce from v								
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-day-year	ICATIU. ·)	14: 1 ms /	water ' and th	wen was L] CO1	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	y Section, 1	000 SW Jac	kson St	t., Suite 420, 7	Topek	ka, Kansas 66612-136	Telephor	ie 785-296-3565.	

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