

WATER WELL RI		W W C-5		0000		ion of Wate			W-11 ID		
Original Record    1 LOCATION OF WA		e in Well U Fraction	se			rces App. N		Township Numb	Well ID	naa Numban	
County:	1/4 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er   Ka   R	nge Number □ E □ W		
- v		74 7		. D.1200	1 Addragg	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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN						8,					
SECTION BOX:	SECTION BOX: ft or 4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)						PS (u	ınit 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   x- se	after hours										
	Estimated Yield:					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft.									Opographic Map	
1 mile				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					12. Geothermal: how many bores?					
2.  Irrigation	9. Environmental Remediation: well ID										
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? ☐ Yes ☐ No											
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		ŕ				,					
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Per			cide Storag		
☐ Sewer Lines	Cess Pool		] Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	l	
Other (Specify)								C.			
Direction from well?			ance from v							IC INTERNAL C	
10 FROM TO	LITHOLOG	alc LOG		FRO	IVI	TO	LIII	HO. LOG (cont.) or	PLUGGI	GINTERVALS	
				Notes	,.						
110165											
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	ar)		and th	nis record is	s tru	e to the best of m	y knowlec	lge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was con	nplet	ted 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 Liiviioiiiiciit, Duicau 01 V	, atci, Ocolo	gy section, I	LOUG BY Jac	C HOST	, Duite 420,	robei	xa, 1xansas 00012-130	77. Telephol	ic /05-470-3303.	

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