

WATER WELL RI		W W C-5		1004		sion of Wate			W-11 ID		
Original Record 1 LOCATION OF WA		e in Well I				irces App. N		Township Numb	Well ID	naa Numbar	
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ka R	nge Number □ E □ W		
County: 2 WELL OWNER: La		/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:											
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	L Donth(c) (Proundwater Encountered: 1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4) \square I				Dongitude:(decimal degrees)						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)			PS (u	ınit make/model:)			
X WNE	above land surface, measured on (mo-day-yr)				· · · · · · · · · · · · · · · · · · ·			(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping gpr					Online Mapper:					
SW SE	Well water was ft. after hours pumping gp										
	Estimated Yield:gpm					6 Elevation :ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft										
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										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot						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 in. to ft., Diameter in. to 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)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		,				,					
☐ Septic Tank	□ Lateral Line	s [Pit Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storag	e	
☐ Sewer Lines	Cess Pool		🛘 Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			☐ Feedyard		□ F	ertilizer Sto	rage	☐ Oil We	ell/Gas Wel	1	
☐ Other (Specify)											
										IC DIFFERMAL C	
10 FROM TO	LITHOLOG	ilC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGI	GINTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N. This	water	well was F	7.00	nstructed \square reco	nstructed	or nlugged	
under my jurisdiction and	d was completed on (m	no-dav-ve	ar)	1110	and th	is record i	s tru	e to the best of m	v knowlea	ige and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	nplet	ted on (mo-day-v	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.											
KS Department of Health an	a Environment, Bureau of V	vater, Geolo	ogy Section, 1	.000 SW Ja	ekson S	t., Suite 420, '	ropel	ka, Kansas 66612-136)/. Telephor	ie /85-296-3565.	

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