

WATER WELL RI		W W C-5		1700		sion of Wate			W-11 ID		
Original Record    1 LOCATION OF WA		e in Well Us Fraction	e			rces App. N		Township Numb	Well ID	naa Numban	
	1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
County:  2 WELL OWNER: La	•	74 7		. D.1200	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:				1					
3 LOCATE WELL	4 DEPTH OF COM	IPLETED	WELL:		ft	5 Latitu	ıde.			(decimal degrees)	
WITH "X" IN	Donth(s) Groundwater Engagement (1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4)					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27					
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface,					ınit make/model:		)			
NW   NE	above land surface, measured on (mo-day-yr)				•••••			VAAS enabled?		No)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
E E	after hours pumping gp: Well water was ft.					☐ Online Mapper:					
SW   SE	after hours pumping										
	Estimated Yield:							n:ft. Ground Level TOC			
S	Bore Hole Diameter: in. to ft				and Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa							d Water Supply: 16			
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID										
2. Irrigation	8. Monitoring: well ID										
3. ☐ Feedlot	9. Environmental Remediation. wen 15  Air Sparge Soil Vapor Extr					b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Industrial	☐ Recovery		njection		=			specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected? $\square$ Yes $\square$ No											
8 TYPE OF CASING USED:  Steel PVC Other											
Casing diameter in. to											
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											
Grout Intervals: From											
Nearest source of possible		10., 1 10111		. 11. 10		10., 1 10111 .					
☐ Septic Tank	□ Lateral Line	s 🔲 🛚	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storag	e	
☐ Sewer Lines	☐ Cess Pool		Sewage La			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	Į	
☐ Other (Specify)											
10 FROM TO	LITHOLOG		ice from v	FRO				HO. LOG (cont.) 01		IC INTEDVALS	
10 TROM TO	LITHOLOG	JIC LOG		TRO	IVI	10	LIII	.10. LOG (cont.) of	LUGGII	O INTERVALS	
	Notes:										
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFI	CATIO	N: This v	water	well was	co	nstructed, 🗌 reco	onstructed	or plugged	
under my jurisdiction an	d was completed on (m	no-day-year	()		and th	ns record is	s tru	e to the best of m	y knowled	ige and belief.	
Kansas Water Well Cont											
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.										

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