

WATER WELL RI		W W C-5		1000		sion of Water			W-11 ID			
		e in Well I				rces App. N		Township Numb	Well ID	nga Numban		
1 LOCATION OF WATER WELL:		Fraction			Section Number		[Township Numb T S		Range Number R □ E □ W		
County: 2 WELL OWNER: La		74 7		r Direc	1 Addragg	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:	direction from nearest to will of intersection). If at owner is address, effect from											
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL	4 DEPTH OF COM	IPLETE	D WELL:		ft	5 Latitu	de.			(decimal degrees)		
WITH "X" IN	Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX:	JN BOA: $(1, 2)$ ft 3) ft or 4) \square					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr)					GI	PS (u	nit make/model:)		
XW NE	above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.							VAAS enabled?		No)		
								nd Survey Topographic Map				
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:						
SW SE	after hours											
	Estimated Yield:					6 Elevat	6 Elevation :ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to fi				nd Source: Land Survey GPS Topographic Maj							
mile	in. to ft.					☐ Other						
7 WELL WATER TO BE USED AS:												
1. Domestic:	Public Wa					10. 🔲 Oil	Field	d Water Supply: 16	ease			
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											
4. ☐ Industrial	☐ Recovery		Injection	Latraction	1							
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):												
Water well disinfected? \square Yes \square No												
8 TYPE OF CASING USED: Steel PVC Other												
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												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest source of possible		. It., From	١	. It. to		It., From .	• • • • • •	It. to	It.			
Septic Tank	Lateral Line	е Г	☐ Pit Privy		Пι	ivestock Per	16	□ Insecti	cide Storag	ρ		
Sewer Lines	☐ Cess Pool		Sewage L	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line						ertilizer Stor			ll/Gas Wel			
Other (Specify)												
Direction from well?												
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITH	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS		
				N T 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-dav-ve	ear)	14. IIIIS	and th	wen was _	j cor	isuucieu, 🔛 IeCC e to the hest of m	v knowlec	, or □ prugged loe and helief		
Kansas Water Well Cont	ractor's License No	y-yC	This W	ater Well	Reco	rd was com	plet	ed on (mo-dav-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 ar	a Environment, Bureau of V	vater, Geolo	ogy Section, 1	.000 SW Ja	ekson S	t., Suite 420, 7	ı opek	ta, Kansas 66612-136)/. Telephor	ie /85-296-3565.		

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