

WATER WELL RI		WWC-5 1310			ion of Water		W 11 ID		
		e in Well Use			rces App. No.		Well ID	NY 1	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4		Section Number		Township Numb		Range Number	
County:  2 WELL OWNER: Last Name:						T S R E W			
Business:	First:				Iddress where well is located (if unknown, distance and town or intersection): If at owner's address, check here:				
Address:			direction in	om nea	arest town or in	ersection). If at owne	i s address, o	meck nere.	
Address:									
City:	State:	ZIP:			T				
3 LOCATE WELL					ft. <b>5 Latitude</b> :(decimal degrees)				
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1)				ft. Longitude:(decimal degrees)				
N SECTION BOX:	N $(2)$ ft. $(3)$ ft., or $(4)$ $\square$					□ WGS 84 □ NA			
	WELL'S STATIC WATER LEVEL:					or Latitude/Longitude			
	below land surface, measured on (mo-day-yi				(				
NW   NE	□ above land surface, measured on (mo-date Pump test data: Well water was			• • • • •		(WAAS enabled? ☐ Yes ☐ No)			
w E	after hours		□ Land Survey □ Topographic Map □ Online Mapper:						
"	Well w			Опппе імаррет					
SW SE	after hours	gpm							
	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S	Bore Hole Diameter: in. to				Other				
1 mile		in. to	П.						
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
☐ Household 6. ☐ Dewatering: how many wells?									
Lawn & Garden	echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?				
2.   Irrigation	9. Environmental Remediation: well ID.				a) Closed Loop				
3.					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?									
8 TYPE OF CASING USED:  Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
Casing height above land surface									
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									
					ft. to ft., From ft. to ft ft. to ft.				
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Nearest source of possible		1t., 110111	11. 10		11., 140111	11. 10	1		
Septic Tank	Lateral Line	es 🔲 Pit Privy		☐ Li	ivestock Pens	☐ Insection	cide Storage		
Sewer Lines							Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
10 FROM TO	LITHOLOG		FROM			π THO. LOG (cont.) or		CINTEDVALS	
TO TROM TO	LITHOLOG	JIC LOG	TRON	1	TO LI	THO. LOG (cont.) of	LUGGIN	JINTERVALS	
Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFICATION	: This w	ater v	well was 🔲	constructed, $\Box$ reco	onstructed,	or ∐ plugged	
under my jurisdiction and was completed on (mo-day-year)									
under the business name	of	11115 W				·····	····		
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	nd Environment, Bureau of V	Vater, Geology Section, 10	000 SW Jack	son St.	., Suite 420. To	peka, Kansas 66612-136	<ol><li>Telephone</li></ol>	785-296-3565.	

KSA 82a-1212