

WATER WELL RI		W W C-5	_	77 0 1		ion of Water			W-11 ID		
Original Record 1 LOCATION OF WA		e in Well Us Fraction	se			rces App. N		Torrachin Mumb	Well ID	a a a Mumahan	
County:	1/4 1/4 1/4 1/4			Section Number		[Township Numb T S		Range Number R □ E □ W		
- v	•	/4 /		. D.1.00	1 Addross r	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:										check here.	
Address:											
City:	State:	ZIP:				T					
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN											
SECTION BOX:	SECTION BOX: (2) ft (3) ft or (4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)					□GF	PS (u	nit make/model:)	
NW NE							(W	VAAS enabled?	Yes 🗆 N	۸o)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours			☐ Or	ıline	Mapper:					
SW SE			r was ft. mping gpm								
	Estimated Yield:						ion:	n:ft. ☐ Ground Level ☐ TOC			
S	Bore Hole Diameter: in. to									opographic Map	
1 mile			Other								
1 mile in. to ft. Uniter											
1. Domestic:	5. ☐ Public Wa	ter Supply:	well ID			10. □ Oil	Field	d Water Supply: 16	ease		
☐ Household	6. Dewatering: how many wells?										
☐ Lawn & Garden	Garden 7. ☐ Aquifer Recharge: well ID										
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?						
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											
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)											
								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.											
Grout Intervals: From											
Nearest source of possible		,				,					
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Per	ıs		cide Storage		
Sewer Lines	Cess Pool		Sewage La			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			nce from v							IC DITEDMALC	
10 FROM TO	LITHOLOG	JIC LUG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes	١.						
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	r)	11119 /	and th	is record is	s true	e to the best of m	v knowled	ge and belief.	
Kansas Water Well Cont	ractor's License No		. This W	ater Well	Reco	rd was com	plet	ed on (mo-day-ye	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, Geolog	y Section, l	uuu SW Jac	ekson St	t., Suite 420, 🛚	ı opek	a, Kansas 66612-136	7. Telephon	e 185-296-3565.	

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