

WATER WELL RI		W W C-5		0001		sion of Wate			Wall ID		
		e in Well U				irces App. N		Torreshin Numb	Well ID		
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4		/4 1/4	Section Number		Г	Township Numb		Range Number R □ E □ W	
County: 2 WELL OWNER: La		74 7		r Duro	1 Addraga	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:										, check fiere.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	L Donth(c) (Proundwater Encountered: 1)					8,					
SECTION BOX:	ECHONBOA: (2) ft 3) ft or 4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)				unit make/model:)			
NW NE	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 gpn					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. Dublic Water Supply: well ID											
☐ Household	6. ☐ Dewaterin										
Lawn & Garden	7. Aquifer Recharge: well ID										
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extr					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 JOINTS: Glued Clamped Welded Threaded											
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			ivestock Per	ns	☐ Insection	cide Storag	ge	
☐ Sewer Lines	Cess Pool] Sewage L			Fuel Storage			oned Wate		
☐ Watertight Sewer Line] Feedyard		□ F	Fertilizer Sto	rage	☐ Oil We	ell/Gas Wel	11	
☐ Other (Specify)											
			ance from v							NG DVEEDVALG	
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LII	HO. LOG (cont.) or	PLUGGII	NG INTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N. This	water	well was F	7.00	nstructed \square reco	netructed	or nlugged	
under my jurisdiction an	d was completed on (m	no-dav-ve	ar)	14. 11119	and th	nis record i	s trii	e to the best of m	v knowle	dge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Wel	Reco	ord was con	nple	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 ar	a Environment, Bureau of V	vater, Geolo	gy Section, 1	1000 SW Ja	ekson S	t., Suite 420, '	Tope	ka, Kansas 66612-136	 Telepho 	ne /85-296-3565.	

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