

WATER WELL RI		W W C-5	_	7707		ion of Wate			W-11 ID			
Original Record 1 LOCATION OF WA		e in Well Us Fraction	se			rces App. N		Township Numb	Well ID	naa Numban		
County:	1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W			
- v	•	/4 /-		r Duro	1 Addross v	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:				Т						
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	Donth(s) Groundwater Engountered: 1)											
SECTION BOX:	2) ft. 3) ft., or 4)					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)					GPS (unit make/model:						
NW NE	above land surface,		• • • • • • • • • • • • • • • • • • • •			VAAS enabled?		No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W E	after hours pumping gp: Well water was ft.					☐ Online Mapper:						
SW SE	after hours pumping											
	Estimated Yield:							on:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter:	ft. and		Source: ☐ Land Survey ☐ GPS ☐ Topographic Map								
mile	in. to ft.											
7 WELL WATER TO BE USED AS:												
1. Domestic:	Public Wa							d Water Supply: 16				
Household	6. Dewatering: how many wells?											
Lawn & Garden	7. Aquifer Recharge: well ID											
Livestock	8. Monitoring: well ID											
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. ☐ Industrial	☐ Recovery		njection	LAHachon	ı							
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
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 ft. to ft., From ft., From ft., From ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
		ft., From .	• • • • • • • • • • • • • • • • • • • •	. ft. to	• • • • • • • • • • • • • • • • • • • •	ft., From .	• • • • •	ft. to	ft.			
Nearest source of possible ☐ Septic Tank	contamination: Lateral Line	. n	Pit Privy		Пт	ivestock Per	ne	□ Incacti	cide Storag	a.		
Sewer Lines	☐ Cess Pool		Sewage La	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line						ertilizer Stor			ell/Gas Wel			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well												
Direction from well?								ft.	•			
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS		
Notes:												
11 CONTRACTORIS OR LANDOWNER OF CERTIFICATION TO THE CONTRACTORIS OF THE CONTRACTORIS												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)												
Kansas Water Well Cont	Kansas Water Well Contractor's License No											
under the business name of												
KS Department of Health ar	d Environment, Bureau of V	Vater, Geolog	y Section, 1	000 SW Jac	kson St	t., Suite 420,	Topel	ka, Kansas 66612-136	Telephor	ie 785-296-3565.		

KSA 82a-1212