

WATER WELL RI  ☐ Original Record ☐		W W C-5		5050		sion of Water			Wall ID			
		e in Well U				irces App. N		Township Numb	Well ID	n an Numban		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4		/ <sub>4</sub> 1/ <sub>4</sub>	Section Number		r	Township Numb T S		Range Number R □ E □ W		
2 WELL OWNER: La		74 7		r Duro	1 Addragg 1	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:										
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	WELL:		ft	5 Latitu	de.			(decimal degrees)		
WITH "X" IN	Donth(s) Groundwater Engeuntered: 1)					8,						
SECTION BOX:	SECTION BOX: $(1, 2)$ ft or $(1)$											
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, measured on (mo-day-yr)							VAAS enabled?		<b>4</b> o)		
	Pump test data: Well water was ft. after hours pumping				☐ Land Survey ☐ Topographic Map							
W E	after hours Well w			☐ Online Mapper:								
\$w  se	Well w afterhours											
	Estimated Yield:			spin		6 Elevat	tion:	ft	. 🔲 Groun	d Level 🔲 TOC		
S	Bore Hole Diameter: in. to				and Source: ☐ Land Survey ☐ GPS ☐ Topographic Maj							
mile		ft.	Other									
7 WELL WATER TO BE USED AS:												
1. Domestic:	<ol><li>Public Wa</li></ol>					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					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection	LAHACHOI	1							
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):												
Water well disinfected? $\square$ Yes $\square$ No												
Water Well disinfected? ☐ Yes ☐ NO  8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing diameter												
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		It. to		It., From .	• • • • • •	It. to	It.			
Septic Tank	Lateral Line	. г	] Pit Privy		Пι	Livestock Per	16	□ Insecti	cide Storage	2		
Sewer Lines	☐ Cess Pool		Sewage L	agoon		Fuel Storage			oned Water			
☐ Watertight Sewer Line						Fertilizer Sto			ll/Gas Well			
Other (Specify)												
Direction from well?			ance from v									
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITH	HO. LOG (cont.) or	PLUGGIN	G INTERVALS		
				NI-4-								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction and	d was completed on (n	o-dav-ve	r 10A 1 10 ar)	14. IIIIS	water and th	wen was L	_ COI s true	isuucieu, 🔛 IeCC e to the hest of m	nisu ucted, v knowled	or prugged ge and helief		
Kansas Water Well Cont	ractor's License No		This W	ater Well	l Reco	ord was con	plet	ed 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 an	a Environment, Bureau of V	vater, Geolo	gy Section, l	luuu SW Ja	ekson S	a., Suite 420, '	ı opek	.a, Kansas 66612-136	<ol> <li>relephon</li> </ol>	e /85-296-3565.		

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