

Original Record		W W C-5		0170		ion of Water			Wall ID		
		e in Well U				rces App. N		Township Numb	Well ID	naa Numban	
1 LOCATION OF WATER WELL:		Fraction			Section Number		r	Township Numb		Range Number R □ E □ W	
County:		74 7		r Direc	1 Addragg	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:											
Address:											
City:	State:	ZIP:									
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN											
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Well Datum: \(\text{DWGS 84}\) \(\text{NAD 83}\) \(\text{NAD 27}\)						
N	WELL'S STATIC WATER LEVEL:										
	☐ below land surface, measured on (mo-day-yr) ☐ above land surface, measured on (mo-day-yr)						PS (u	ınit make/model:)	
NW NE							(V	VAAS enabled?	Yes 🔲	No)	
1/2	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping					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		ft.	Other								
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
☐ Lawn & Garden	•										
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?						
2. Irrigation	9. Environmental Remediation: well ID					a) Closed Loop _ Horizontal Uertical					
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:											
SCREEN OR PERFORATION OPENINGS ARE: Continuous Slot											
								other (specify)		•••••	
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.											
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			cide Storag		
☐ Sewer Lines	☐ Cess Pool		🛚 Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	l	
☐ Other (Specify)											
										IC INTERNAL C	
10 FROM TO	LITHOLOG	JIC LUG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGII	GINTERVALS	
				+							
				Notes	3.						
110163											
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-ve	ar)		and th	nis record is	s tru	e to the best of m	y knowlea	lge and belief.	
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was con	nplet	ted on (mo-day-y	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.										
Legith and Department of Health at	a Lavironnicht, Dureau Or V	, aici, Ocolo	igy occuon, I	OUU D W Ja	C HOGY	, Duite 420,	robei	xa, 1xansas 00012-130	,, reichiioi	ic /05-470-3303.	

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