

WATER WELL RI		W W C-5	1000	_		ion of Water			Wall ID			
		e in Well U	se			rces App. N		Township Numb	Well ID	naa Numban		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4		4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		/4 /-		r Duro	1 Addross v	vhor						
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	4 DEPTH OF COM	IPLETED	WELL:		ft	5 Latitu	de.			(decimal degrees)		
WITH "X" IN	WITH "A" IN  Depth(s) Groundwater Engeuntered: 1)					8,						
SECTION BOX:	$\frac{\text{CHON BOX:}}{\text{N}}$ 2) ft. 3) ft., or 4) $\square$					Dry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
1	WELL'S STATIC WATER LEVEL:				t. Source for Latitude/Longitude:							
	below land surface,		Grant mane, moder									
NW   NE	above land surface, measured on (mo-day-yr)				• • • • • • • • • • • • • • • • • • • •			VAAS enabled?    □		No)		
	Pump test data: Well water was ft. after hours pumping				☐ Land Survey ☐ Topographic Map							
E E	Well water was ft.					Online Mapper:						
SW   SE	after hours			1								
	Estimated Yield:			OI .				ft				
S	Bore Hole Diameter: in. to fr				d Source: Land Survey GPS Topographic Ma							
mile	in. to ft.							•••••	• • • • • • • • • • • • • • • • • • • •			
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							d Water Supply: 16				
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot						b) Open Loop Surface Discharge Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection					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 in. to												
Casing height above land surface in. Weightlbs./ft. Wall thickness or gauge No												
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 ft. to ft., From ft., From ft.												
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.												
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 La			uel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water			
☐ Watertight Sewer Line			Feedyard		□F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	1		
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ince moni w	FRO				HO. LOG (cont.) 01		IC INTERVALS		
TO TROM	EITHOLOG	JIC LOG		TRO	IVI	10	L/111	TO. LOG (cont.) of	LUGGII	IO IIVIERVALD		
Notes:												
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	ICATIO	N: This v	water	well was	coı	nstructed, 🗌 reco	onstructed	or plugged		
under my jurisdiction an	d was completed on (m	no-day-yea	r)		and th	ns record is	s truc	e to the best of m	y knowled	ige and belief.		
Kansas Water Well Cont												
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.											

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