

WATER WELL RI  ☐ Original Record ☐		W W C-5		0420		sion of Water			Wall ID			
1 LOCATION OF WA		e in Well U Fraction				rces App. N		Township Numb	Well ID	naa Numban		
County:	1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er   Ka   R	nge Number □ E □ W			
2 WELL OWNER: La	First:	/4 /		r Diiro	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:				T						
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	WITH "A" IN Donth(c) Groundwater Engagement (1)					8,						
SECTION BOX:	2) ft. 3) ft., or 4) $\Box$					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:							
	below land surface,		<b>-</b> (									
NW   NE	above land surface, measured on (mo-day-yr)				• • • • • • •			VAAS enabled?   □		No)		
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map							
E	after hours pumping gpr Well water was ft.					☐ Online Mapper:						
K - SW SE	afterhours pumpinggpr Estimated Yield:gpm											
							6 Elevation: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:	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	☐ Air Sparge ☐ Soil Vapor Extra					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? $\square$ Yes $\square$ No												
8 TYPE OF CASING USED:  Steel PVC Other												
Casing diameter in. to												
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)												
								ft From	ft t	o ft		
SCREEN-PERFORATED INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		. 10., 1 10111		. 11. 10		10., 1 10111 .						
☐ Septic Tank	□ Lateral Line	s $\square$	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storag	e		
☐ 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)												
10 FROM TO	LITHOLOG		ance from v	FRO				HO. LOG (cont.) 01		IC INTEDVALS		
10 TROM TO	LITHOLOG	nc Log		TRO	IVI	10	LIII	.10. LOG (cont.) of	LUUUII	IO INTERVALS		
	Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	co	nstructed, 🗌 reco	onstructed	, or plugged		
under my jurisdiction an	d was completed on (m	no-day-yea	ar)	· · · · · · · · · · · · · · · · · · ·	and th	nis record is	s tru	e to the best of m	y knowled	lge 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.										

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