

	WELL R		WWC-5 1315	DI	vision of Wate				
						rces App. No. Well ID			
1 LOCATION OF WATER WELL: County:			Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$				DerRange NumberR $\Box$ E $\Box$ W		
2 WELL OWNER: Last Name:       First:       Street or Rural Address where well is located (if unknown, distance and									
					rection from nearest town or intersection): If at owner's address, check here:				
Address:									
Address: City: State: ZIP:									
3 LOCATE WELL									
WITH "X" IN 4 DEPTH OF COMP			<b>IPLETED WELL:</b> .			5 Latitude:(decimal degrees)			
	SECTION BOX: N Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4)								
N 2) II. I. WELL'S STATIC WA						Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:			
		below land surface			GPS (unit make/model:)				
NWX-	NE	above land surface	above land surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
		-	Pump test data: Well water was ft.						
W E		after hour			Online Mapper:				
SW	SE		Well water was ft. after ppm						
			imated Yield:gpm			6 Elevation:ft.  Ground Level  TOC			
			in. to	ft. and	Source	Source:  Land Survey  GPS  Topographic Map			
1 r	1		in. to	ft.		☐ Other			
7 WELL WATER TO BE USED AS:									
1. Domestic:       5. □ Public Water Supply: well ID         □ Household       6. □ Dewatering: how many wells?									
			echarge: well ID			11. Test Hole: well ID ☐ Cased ☐ Uncased ☐ Geotechnical			
	Livestock 8. Monitoring: well ID								
				liation: well ID a) Closed Loop 🗌 Horizontal 🗌 Vertical					
3. ☐ Feedlot			e 🛛 🗌 Soil Vapor H		b) Oj	b) Open Loop 🗌 Surface Discharge 📋 Inj. of Water			
4. 🗌 Industr	ial	Recovery	□ Injection		13. 🗌 Ot	her (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 JOINTS: Glued Clamped Welded Threaded									
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ Fiberglass} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$									
☐ 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. to ft. to ft. to ft. to									
GRAVEL PACK INTERVALS:       From									
Grout Intervals: From									
		e contamination:			,				
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage									
Sewer Lines     Cess Pool     Sewage Lagoon     Fuel Storage     Abandoned Water Well									
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)									
Direction from well? ft.									
10 FROM	TO	LITHOLO		FROM			r PLUGGING INTERVALS		
				+	+ +				
				+	+ +				
				Notes:	I				
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)									
							ear)		
		Send one copy to WATER W	/ELL OWNER and retain of	one for your rec	cords. Fee of \$5	.00 for each constructed we	ell.		
-				00 SW Jackson	n St., Suite 420,	Topeka, Kansas 66612-136	57. Telephone 785-296-3565.		
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212									