

WATER WELL RI ☐ Original Record ☐		W W C-5	_	000-		sion of Wate			Wall ID			
		e in Well U	se			irces App. N		Torrachia Numb	Well ID	ana 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			Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		74 7		. D.1200	1 Addross	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:				1						
3 LOCATE WELL	4 DEPTH OF COM	IPLETED	WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX:	2) ft. 3) ft., or 4)					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
1	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	□ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr)							unit make/model:)		
NW NE					•••••			WAAS enabled?		√o)		
	Pump test data: Well water was ft. after hours pumping				☐ Land Survey ☐ Topographic Map							
W E	Well water was ft.					☐ Online Mapper:						
SWSE	after hours pumping gp											
	Estimated Yield:gpm			Ci			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to fr				d Source: ☐ Land Survey ☐ GPS ☐ Topographic Map							
mile								Other		•••••		
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							ld 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 Extr											
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. Weight lbs./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 PERFORA				1.0	_ ~ .		_	0.1 (0.10)				
☐ 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												
Grout Intervals: From												
Nearest source of possible		,				,						
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Pe		☐ Insection	cide Storage	;		
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ince from v	FRO				HO. LOG (cont.) 01		C INTEDVALS		
TO TROW TO	Limoloc	JIC LOG		TRO	IVI	10	LII	IIO. LOG (cont.) of	LUGGIIV	UNITERVALS		
Notes:												
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	FICATIO	N: This	water	well was [co	onstructed, 🗌 reco	onstructed,	or plugged		
under my jurisdiction an	d was completed on (m	no-day-yea	ır)		and th	nis record i	s tru	e to the best of m	y knowled	ge 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