

WATER WELL R ☐ Original Record ☐		W W C-5	1202			ion of Water	1		Well ID		
	<u> </u>	e in Well Use Fraction				rces App. No on Number		n Numh		aga Numbar	
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4		1/4	secu	on Number	Township Numb		R R	nge Number □ E □ W	
2 WELL OWNER: La	First:			Duro	Il Address where well is located (if unknown, distance and						
Business:											
Business: direction from nearest town or intersection): If at owner's address, check here:											
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WI	ELL:		ft.	5 Latitud	de.			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					ft. 5 Latitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1				Donground:(decimal degrees)						
11	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					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)					
NW NE					• • • • •						
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W 7 E	after hours pumping gp: Well water was ft.					Online Mapper:					
SW SE	well water was it. after hours pumping gp					_					
	Estimated Yield:gpm					6 Elevation :ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic						
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa					10. 🔲 Oil	Field Water S	upply: le	ease		
Household	6. ☐ Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID						ed Uncas				
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Ext				••••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery	Attaction		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 diameter											
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											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		π., From	I	τ. το		π., From .	π.	ю	It.		
Septic Tank	□ Lateral Line	es 🔲 Pit I	Privv		ПТ	ivestock Pen	, г	7 Insectio	cide Storage		
Sewer Lines	☐ Cess Pool	□ Sew		oon		uel Storage			oned Water		
☐ Watertight Sewer Lin						ertilizer Stor		_	ll/Gas Well		
Other (Specify)											
Direction from well?			rom we								
10 FROM TO	LITHOLOG	GIC LOG		FROM	1	TO I	LITHO. LOG	(cont.) or	PLUGGIN	G INTERVALS	
				Noton							
Notes:											
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)											
Kansas Water Well Contractor's License No											
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.											
KS Department of Health a	nd Environment, Bureau of W	Vater, Geology Sec	ction, 100	00 SW Jack	son St	., Suite 420, T	Topeka, Kansas	56612-136	7. Telephon	e 785-296-3565.	