

WATER WELL RI		WWC-5	1		on of Water				
				esources App. No.			Well ID	NY 1	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4		Section Number		Township Numb		ge Number	
County:  2 WELL OWNER: Last Name:					1 4 1 1 1	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Business:				al Address where well is located (if unknown, distance and					
Address:	direction from nearest town or intersection): If at owner's address, check here:							illeck liele.	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:				ft. <b>5 Latitude</b> :(decimal degrees)					
WITH "X" IN SECTION BOX:					ft. Longitude:(decimal degrees)				
	N 2) ft., or 4) $\square$					□ WGS 84 □ NA			
	WELL'S STATIC WATER LEVEL:					or Latitude/Longitude			
	below land surface, measured on (mo-day-y				(				
NW   NE	B   above land surface, measured on (mo-d Pump test data: Well water was			••••	(WAAS enabled? ☐ Yes ☐ No)				
$ \mathbf{w}  \mathbf{X}$	after hours		☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
^ '	Well w			Опппе імаррет					
SW SE	after hours	gpm		6 Florestion:					
	Estimated Yield:gpm				6 Elevation:				
S 1 mile	Bore Hole Diameter: in. to				Source: Land Survey GPS Topographic Map Other				
1 mine 1									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
☐ Household 6. ☐ Dewatering: how many wells?									
☐ Lawn & Garden			☐ Cased ☐ Uncased ☐ Geotechnical						
☐ Livestock	8. Monitorin								
2.  Irrigation						ed Loop   Horizon			
3.					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):									
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:									
Water well disinfected?									
8 TYPE OF CASING USED:  Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
Casing height above land surface									
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. to ft.				
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Nearest source of possible		10, 1 10111	11. 10		. 10., 1 10111		16.		
☐ Septic Tank	☐ Lateral Line	es 🔲 Pit Privy		☐ Li	vestock Pens	☐ Insection	cide Storage		
☐ Sewer Lines	Cess Pool	☐ Sewage La			iel Storage		oned Water	Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
10 FROM TO	LITHOLOG		FROM			THO. LOG (cont.) or		GINTERVALS	
TO TROM TO	LITHOLOG	SIC LOG	TROM		IO LI	THO. LOG (cont.) of	LUGGIN	OINTERVALS	
Notes:									
11 CONTRACTORS OR LANDOWNERS CERTIFICATION: This makes and the second of									
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.									
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.									
NS Department of Health ar	iu Environment. Bureau of V	vater, Geology Section, 10	JUU SW Jacks	son St.	., Suite 420. To	peka, Kansas 66612-136	o/. Telephone	785-296-3565.	

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