

WATER WELL RI  ☐ Original Record ☐		W W C-5		0114		sion of Wate			Wall ID		
1 LOCATION OF WA		e in Well I				irces App. N		Township Numb	Well ID		
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er   Ka   R	nge Number □ E □ W		
County:		74 7		. D.1200	1 Addraga	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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	Donth(s) (Proundwater Engountaries 1)										
SECTION BOX:	2) ft. 3) ft., or 4) $\square$ I										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	<ul> <li>below land surface,</li> </ul>	y-yr)			PS (u	ınit make/model:		)			
NW   NE	☐ above land surface,		,			(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W X E	after hours pumpinggpi					Online Mapper:					
SW   SE	Well water was ft. after hours pumping gp										
	Estimated Yield:gpm				<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	ft and		Source: Land Survey GPS Topographic Map							
1 mile				Other							
1 mile  in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden						☐ Ca	sed	☐ Uncased ☐ □	Geotechnic	al	
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. Industrial	Recovery		Injection			13. ∐ Otl	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 diameter in. to ft., Diameter ft., Diameter ft.											
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)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111		. 10. 00		, 110111					
Septic Tank	Lateral Line	s [	☐ Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storag	e	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	1	
☐ Other (Specify)											
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	r PLUGGII	IG INTERVALS	
				NT 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged											
under my jurisdiction and	OK LANDOWNER'S	OCEKTI	rICATIO. ar)	ınıs ı	water '	well was L	CO:	iistructed, 🔲 rect	onstructed	, or □ plugged	
Kansas Water Well Cont	a was completed on (II. tractor's License No	io-day-ye	Thic W	ater Well	Reco	nd was con	ง แน ากไค์	ed on (mo-day-v	.y knowie( ear)	ige and other.	
under the business name of											
KS Department of Health an	d Environment, Bureau of V	Vater, Geolo	ogy Section, 1	000 SW Jac	kson S	t., Suite 420,	Topel	ka, Kansas 66612-136	7. Telephor	ne 785-296-3565.	

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