

WATER WELL R ☐ Original Record ☐		W W C-5	1022			on of Water			Well ID			
	<u> </u>	e in Well Use Fraction				rces App. No		vynchin Numb		nga Numbar		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4		1/4	Section Number		10	ownship Numb T S		Range Number R		
2 WELL OWNER: La							_ ~					
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:	anced on non-neurost to will of intersection). If all o which is accurately, entern neuron											
Address:												
City:	State:	ZIP:				Т						
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WE	ELL:		ft	5 Latitu	de.			(decimal degrees)		
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				ft. Longitude:(decimal degrees) Dry Well Datum: \(\text{VGS } 84 \) \(\text{NAD } 83 \) \(\text{NAD } 27 \)							
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I											
11	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:					(IID 2)		
	□ 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				☐ Land Survey ☐ Topographic Map							
E E	after hours pumping gpi Well water was ft.					☐ Online Mapper:						
SW SE	afterhours pumpinggpr Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC						
S	Bore Hole Diameter: in. to f				and Source: Land Survey GPS Topograph							
mile			Other									
7 WELL WATER TO BE USED AS:												
1. Domestic:		ter Supply: well										
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				•••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. ☐ Industrial	☐ Recovery		_					cify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? \square Yes \square 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 PERFORATION OPENINGS ARE:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
								ft From	ft to	o ft		
SCREEN-PERFORATED INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest source of possible		,				,						
☐ Septic Tank	☐ Lateral Line					ivestock Pen	IS		cide Storage			
☐ Sewer Lines	Cess Pool	☐ Sew				iel Storage			oned Water			
☐ Watertight Sewer Lin					∐ Fe	ertilizer Stor	age	☐ Oil We	ll/Gas Well			
☐ Other (Specify)												
10 FROM TO	LITHOLOG		IOIII WE	FROM						IG INTERVALS		
10 1 KOM 10	LITHOLOG	JIC LOG		1 ROW	1	10	LITTIO	. LOG (cont.) of	TEOGGI	O INTERVALS		
				Notes:								
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFICA	TION	: This w	ater v	well was	const	ructed, 🗌 reco	onstructed,	or plugged		
under my jurisdiction and was completed on (mo-day-year)												
Kansas Water Well Con	tractor's License No	Ti	nis Wai	ter Well I	Recor	rd was com	pleted	on (mo-day-y	ear)	• • • • • • • • • • • • • • • • • • • •		
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.										

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