

WATER WELL R. ☐ Original Record ☐		W W C-5	00-10			on of Water			Well ID		
		ge in Well Use Fraction				rces App. No		Courachin Numb		nga Numbar	
1 LOCATION OF WATER WELL: County:		1/4 1/4	1/4	Section Number			Γownship Numb T S		Range Number R □ E □ W		
2 WELL OWNER: La	First:	1/4		Duro1	al Address where well is located (if unknown, distance and						
Business:		nearest town or intersection): If at owner's address, check here:									
Address:	anced on from floatest town of intersection). If at owner is address, effects flore.										
Address:											
City:	State:	ZIP:				Т					
3 LOCATE WELL	4 DEPTH OF COM	PLETED WEI	I.:		ft	5 Latitu	de.			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				. ft. 5 Latitude:						
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I										
17	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:					(IID 27	
	□ below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr land).					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)					
X - NW NE					••••						
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gp										
	Estimated Yield:	ع	P		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:		iter Supply: well I						Water Supply: 16			
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID										
2. Irrigation	8. Monitoring: well ID							: how many bores			
3. ☐ Feedlot	9. Environmental Remediation: Well ID ☐ Air Sparge ☐ Soil Vapor Exti				•••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		_					pecify):			
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											
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)											
	☐ Key Punched ☐ W							6. 17	6		
SCREEN-PERFORATED INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		It., FIOIII	1	. 10		It., FIOIII .		11. 10	11.		
Septic Tank	Lateral Line	es 🔲 Pit Pri	VV		□Li	vestock Pen	ıs	☐ Insection	cide Storage	2	
Sewer Lines	Cess Pool	☐ Sewag				iel Storage			oned Water		
☐ Watertight Sewer Lin					☐ Fe	ertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
Direction from well?			m we								
10 FROM TO	LITHOLOG	GIC LOG		FROM		TO	LITH	O. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes:							
110665											
				}							
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 Con	tractor's License No	Thi	s Wat	er Well F	Recor	rd was com	plete	ed on (mo-day-ye	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.											
Iso Department of Health at	Zarraromnent, Bureau Or V	. a.c., Geology Seelie	, 100	S AT JUCK	.011 131.	., 5010 720, 1	орска	.,	rerepiion	0 , 00 270 0000.	