

WATER WELL RI  ☐ Original Record ☐		W W C-5		'		sion of Wate			Wall ID			
		e in Well U				irces App. N		Tourship Numb	Well ID	aga Numbar		
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4		1/4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W		
County:  2 WELL OWNER: La	First:	/4	Street or Rural Address where well is located (if unknown)									
Business:    Street of Rufal Address where well is located (it diknown, distance and direction from nearest town or intersection): If at owner's address, check here:												
Address:										check here.		
Address:												
City:	State:	ZIP:										
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	) WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH 'A' IN Donth(s) Groundwater Engountered: 1)					8,							
SECTION BOX:	2) ft. 3) ft., or 4)					Ory Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
	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)					☐ G	PS (ı	unit make/model:	• • • • • • • • • • • • • • • • • • • •	)		
NW   NE					• • • • • • •			WAAS enabled?		<b>√</b> (o)		
	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											
	Estimated Yield:	8F		6 Elevation:ft. Ground Level TOC								
S	Bore Hole Diameter: in. to ft				nd Source: Land Survey GPS Topographic Map							
mile			☐ Other									
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							ld Water Supply: 16				
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot	9. Environmental Remediation: wen ib  ☐ Air Sparge ☐ Soil Vapor Exti					b) Open Loop  Surface Discharge  Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection		-			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												
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												
GRAVEL PACK INTERVALS: From												
Grout Intervals: From												
Nearest source of possible		. 10., 1 10111		10. 10		10., 1 10111						
☐ Septic Tank	□ Lateral Line	s $\square$	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storage	;		
☐ Sewer Lines	Cess Pool		Sewage L			Fuel Storage			oned Water			
☐ Watertight Sewer Line			] Feedyard		☐ F	Fertilizer Sto	rage	☐ Oil We	ll/Gas Well			
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ance from	FRO				tt. HO. LOG (cont.) or		C INTERVALE		
10 FROM TO	LITHOLOG	JIC LUG		FRO	IVI	10	LII	HO. LOG (cont.) of	PLUGGIN	GINTERVALS		
Notes:												
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	co	nstructed, 🗌 reco	onstructed,	or plugged		
under my jurisdiction and	d was completed on (m	no-day-yea	ar)	······································	and th	his record i	s tru	e to the best of m	y knowled	ge and belief.		
Kansas Water Well Cont												
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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