

	W W C-5	1000	D		of Water		Wall ID			
Original Record Correction Chang  1 LOCATION OF WATER WELL:	ge in Well Use Fraction				s App. No. Number	Torreshin Numb	Well ID	as Number		
County:	1/4 1/4	1/4	1/4	ection	Number	Township Numb	er Ran R	ge Number □ E □ W		
2 WELL OWNER: Last Name:				Durol A	ddross 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:									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:										
WITH "A" IN Donth(s) Groundwater 1		8,								
SECTION BOX: 1 2) ft 3	10N BOX: $\begin{pmatrix} 1 & 2 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 &$				Dongrade					
WELL'S STATIC WA'	WELL'S STATIC WATER LEVEL: ft.				Source for Latitude/Longitude:					
□ below land surface.	below land surface, measured on (mo-day-yr)					unit make/model:		)		
	above land surface, measured on (mo-day-yr)				(					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
	after hours pumping					Online Mapper:				
CTT CT	Well water was ft. after hours pumping gpm									
	Estimated Yield:gpm				<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC					
	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map					
	in. to									
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
☐ Household 6. ☐ Dewaterin	6. Dewatering: how many wells?									
	7. Aquifer Recharge: well ID					☐ Uncased ☐				
	8. Monitoring: well ID				12. Geothermal: how many bores?					
	9. Environmental Remediation: well ID				a) Closed Loop _ Horizontal Uvertical					
	☐ Air Sparge ☐ Soil Vapor Extracti				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? ☐ Yes ☐ No										
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other										
Casing diameter										
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										
9 GROUT MATERIAL:  Neat cement  Bentonite Other										
Grout Intervals: From										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
Other (Specify)						£.				
Direction from well?   10 FROM   TO   LITHOLOG		rom we	FROM			THO. LOG (cont.) 01		CINTEDVALC		
TO FROM TO LITHOLOG	SIC LOG		FROM	-	IO LII	. HO. LOG (colit.) of	FLUGGIN	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 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.  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.										

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