

WATER WELL RI  ☐ Original Record ☐		W W C-5		0000		sion of Wate			Wall ID		
		e in Well U				irces App. N		Torreshin Numb	Well ID	a Numban	
1 LOCATION OF WATER WELL: County:		Fraction 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	
2 WELL OWNER: La		/4 /		r Duro	1 Addross	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:										check here.	
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)	
WITH "A" IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX: ft or 4)											
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
							PS (ı	ınit make/model:		)	
NW   NE						_		(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.							d Survey			
W	after hours			☐ Online Mapper:							
SW   SE	Well w										
	pumping gpm				6 Elevat	tion	n:ft. 🔲 Ground Level 🔲 TOC				
S	Estimated Yield:gpm Bore Hole Diameter:in. to										
1 mile	in. to fi				Other						
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden						☐ Ca	sed	☐ Uncased ☐	Geotechnica	ıl	
☐ 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					
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 in. to ft., Diameter in. to 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											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111				, 110111					
☐ Septic Tank	Lateral Line	s $\square$	Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	;	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				NT 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	d was completed on (n	o-day-ve	rICATIO ar)	14: 1 ms	water ' and th	wen was L	_ CO Տ tru	nsuucieu, ∐ rec( e to the best of m	nistructed, v knowled	or □ prugged	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was con	o u u nplei	ted on (mo-day-v	ear)	ge and bener.	
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 an	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	.000 SW Jac	ckson S	t., Suite 420,	Tope	ka, Kansas 66612-136	<ol><li>Telephon</li></ol>	e 785-296-3565.	