

Original Record		W W C-5	_	0007		sion of Wate			Wall ID		
		e in Well U	ise			irces App. N		Torrachin Numb	Well ID	a a a Mumban	
1 LOCATION OF WATER WELL: County:		Fraction			Section Number		r	Township Numb	er Rai	Range Number R □ E □ W	
- v							- ~				
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:						
	below land surface, measured on (mo-day-yr)					□G	PS (1	unit make/model:	e)	
NW NE	above land surface, measured on (mo-day-yr)						(WAAS enabled?] Yes \square 1	۸o)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W X E	afterhours pumpinggp: Well water wasft.					Online Mapper:					
SW SE	after hours pumping										
	Estimated Yield:					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to fi				d Source: ☐ Land Survey ☐ GPS ☐ Topographic Map					opographic Map	
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. 🗌 Public Wa	ter Supply:	well ID			10. 🔲 Oi	l Fie	ld Water Supply: 16	ease		
☐ Household	6. ☐ Dewatering: how many wells?										
☐ Lawn & Garden	<u> </u>							☐ Uncased ☐ □			
Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot						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?											
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) ☐ 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					ne (Open H		omer (speen))			
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible											
☐ Septic Tank	☐ Lateral Line		Pit Privy			ivestock Pe			cide Storage		
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
10 FROM TO	LITHOLOG		ance mom v	FRO				HO. LOG (cont.) or		GINTERVALS	
10 110111	EIIIOEO	ore Log		TRO	141	10	L/11	IIO. LOG (cont.) of	TECCOII	GIVILICVILIS	
				Notes	s:	<u> </u>					
				_							
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	FICATIO	N: This	water	well was [co	nstructed, \square reco	onstructed,	or plugged	
under my jurisdiction an	d was completed on (m	no-day-yea	ır)		and th	nis record i	s tru	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	ord was con	nple	ted on (mo-day-y	ear)		
under the business name	ord one copy to WATER W	ELL OWNE	D and mata!-	one for v		da Eas of of		or anah aanatmatad			
	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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