

WATER WELL RI		W W C-5		0000		sion of Wate			Wall ID			
<u> </u>		e in Well U				irces App. N		Torreshin Numb	Well ID	a a a Numban		
1 LOCATION OF WATER WELL:		Fraction			Section Number		Г	Township Numb		Range Number R □ E □ W		
County: 2 WELL OWNER: La							Address where well is located (if unknown, distance and					
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:				1						
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN						8						
SECTION BOX:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					Bongitate:(decimal degrees)						
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.							☐ Land Survey ☐ Topographic Map				
W E			pumping gpm ater was ft.			Online Mapper:						
sw sE	pumpinggpm											
					6 Elevat	tion	:ft	ft. 🗌 Ground Level 🔲 TOC				
S	Estimated Yield: S Bore Hole Diameter:			in. to ft. and				☐ Land Survey ☐ GPS ☐ Topographic Map				
1 mile			D 041									
1 mile in. to ft. Uniter												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household	6. Dewatering: how many wells?											
Lawn & Garden						☐ Ca	sed	☐ Uncased ☐	Geotechnica	ા		
☐ Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID											
3. ☐ Feedlot						b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):						
4. Industrial	Recovery		Injection			13. ∐ Otl	her (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	è		
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
			ance from v									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	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	r ICA I IO ar)	14: 1 ms	water ' and th	wen was L	CO:	nsuucieu, ∐ rec(e to the best of m	nistructed, v knowled	or □ prugged ge and helief		
Kansas Water Well Cont	ractor's License No	y-y6	This W	ater Well	Reco	rd was con	o u u nplei	ted on (mo-day-v	ear)	ge and belief.		
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,	Topel	ka, Kansas 66612-136	Telephon	e 785-296-3565.		

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