

WATER WELL RI  ☐ Original Record ☐		W W C-5		JUU-1		ion of Water			Wall ID		
		e in Well U				rces App. N		Township Numb	Well ID		
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	er   Ka   R	nge Number □ E □ W	
		74 7		. D.1200	1 Addragg	whor	_ ~				
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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "A" IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX:	2) ft. 3) ft., or 4) $\Box$					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27					
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface,					ınit make/model:		)			
NW   NE	above land surface, measured on (mo-day-yr)				• • • • • • •			VAAS enabled?   □		No)	
	Pump test data: Well water was ft. after hours pumping gpi				☐ Land Survey ☐ Topographic Map						
E E	Well water was ft.					☐ Online Mapper:					
SW   SE	after hours				6 Elevation:ft. Ground Level TOC						
	Estimated Yield:		OI								
S	Bore Hole Diameter:	ft. and	nd Source: Land Survey GPS Topographic Map								
mile	in. to ft.								• • • • • • • • • • • • • • • • • • • •		
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa							d 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	☐ Air Sparge ☐ Soil Vapor Extr					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 in. Weight lbs./ft. Wall thickness or gauge No											
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 ft. to ft., From ft., From ft.											
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 Per		☐ Insection	cide Storag	e	
☐ Sewer Lines	☐ Cess Pool		] Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			] Feedyard		□F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	1	
Other (Specify)								£.			
Direction from well?  10 FROM TO	LITHOLOG		ance from v	FRO				HO. LOG (cont.) 01		NG INTEDVALS	
10 TROM TO	LITHOLOG	ole Log		TRO	IVI	10	LIII	.10. LOG (cont.) of	LUGGII	VO INTERVALS	
Notes:									-		
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	co	nstructed, 🗌 reco	onstructed	, or plugged	
under my jurisdiction and	d was completed on (m	no-day-ye	ar)	· · · · · · · · · · · · · · · · · · ·	and th	nis record is	s tru	e to the best of m	y knowled	lge 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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