

WATER WELL RI ☐ Original Record ☐		W W C-5		0100		sion of Wate			Wall ID			
1 LOCATION OF WA		e in Well U				irces App. N		Torreshin Numb	Well ID	ana Numban		
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W			
County: 2 WELL OWNER: La		/4 /		r Diiro	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:												
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	Donth(s) Groundwater Engeuntered: 1)											
SECTION BOX:	SECTION BOX: ft or 4) \Box					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
14	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)					Gl	PS (ı	ınit make/model:	del:)			
NW NE					•••••			WAAS enabled?		√o)		
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map							
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:						
SW SE	after hours		m									
	Estimated Yield:		••••••	5pm		6 Elevat	tion	:ft	. 🔲 Ground	d Level 🔲 TOC		
S	Bore Hole Diameter: in. to fi				nd Source: Land Survey GPS Topographic Map							
mile		ft.		☐ Other								
7 WELL WATER TO BE USED AS:												
1. Domestic:	Public Wa							ld Water Supply: 16				
Household	6. Dewatering: how many wells?											
Lawn & Garden	<u> </u>											
Livestock	8. Monitoring: well ID											
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection	Extraction	ı							
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												
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. to ft.												
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
		. ft., From		. ft. to	• • • • • • • • • • • • • • • • • • • •	ft., From .		ft. to	ft.			
Nearest source of possible			□ Die Dairer		Πт	iveate als Da		□ Imagati	aida Stamaga			
☐ Septic Tank ☐ Sewer Lines	☐ Lateral Line☐ Cess Pool] Pit Privy] Sewage L	agoon		ivestock Per Juel Storage			cide Storage oned Water			
☐ Watertight Sewer Line						ertilizer Sto			ell/Gas Well			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well												
Direction from well?								ft.				
10 FROM TO	LITHOLOG			FRO				HO. LOG (cont.) or		G INTERVALS		
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
11 CONTRACTOR'S	UR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was] co	nstructed, ∐ reco	onstructed,	or □ plugged		
under my jurisdiction and Kansas Water Well Cont	u was completed on (m	ю-аау-уе	af) This W	Vator Wall	Ross	ns record 1	s tru	ted on (mo day w	y knowled	ge and benef.		
under the business name of												
KS Department of Health an										e 785-296-3565.		

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