

WATER WELL RI ☐ Original Record ☐		W W C-5		0474		ion of Water			Wall ID		
		e in Well U				rces App. N		Torreshin Numb	Well ID	a Numban	
1 LOCATION OF WATER WELL:		Fraction		/ ₄ 1/ ₄	Section Number		r	Township Numb	er Rai	Range Number R □ E □ W	
County: 2 WELL OWNER: La		74 7		. D.1200	1 Addragg	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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	Denth(c) Groundwater Engountered: 1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4)					Dry Well Datum: WGS 84 NAD 83 NAD 27					
	_ WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)					□GI	PS (ı	ınit make/model:	• • • • • • • • • • • • • • • • • • • •)	
NW NE	above land surface, measured on (mo-day-yr)				• • • • • • •			WAAS enabled? □		10)	
	Pump test data: Well water was ft. after hours pumping				☐ Land Survey ☐ Topographic Map						
E E	Well water was ft.					☐ Online Mapper:					
SW SE	SW SE after hours pumpin					6 Elevation:ft. Ground Level TOC					
	gpm	gpm									
S	Bore Hole Diameter: in. to f				nd Source: Land Survey GPS Topographic Map						
mile	111111111111111111111111111111111111111							Other	•••••		
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Water Supply: well ID										
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	_ 1 &										
2. Irrigation	8. Monitoring: well ID										
3. ☐ Feedlot											
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											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORA			. –				_				
☐ 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											
Grout Intervals: From										. • • • • • • • • • • • • • • • • • • •	
Nearest source of possible		. 10., 1 10111		. 11. 10		10, 110111					
☐ Septic Tank	□ Lateral Line	s [Pit Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storage	;	
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line] Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
10 FROM TO	LITHOLOG		ance from v	FRO				π. HO. LOG (cont.) οι		CINTEDVALS	
10 FROM TO	LITHOLOG	JIC LUG		FKU	IVI	10	LII.	HO. LOG (COIII.) OI	PLUGGIN	GINTERVALS	
				Notes	::						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	co	nstructed, 🔲 reco	onstructed,	or plugged	
under my jurisdiction an	d was completed on (m	no-day-ye	ar)	· · · · · · · · · · · · · · · · · · ·	and th	nis record is	s tru	e to the best of m	y knowled	ge 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.											

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