

WATER WELL RI ☐ Original Record ☐		W W C-5	_	0110		ion of Water			Wall ID		
1 LOCATION OF WA		e in Well Us Fraction	se			rces App. N		Township Numb	Well ID	naa Numban	
	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 v	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:				Т					
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN	Donth(s) Croundwater Engountered: 1)										
SECTION BOX:	2) ft. 3) ft., or 4) \square \square				Well Datum: \(\Pi \) WGS 84 \(\Pi \) NAD 83 \(\Pi \) NAD 27						
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface,		(
NW NE	above land surface, measured on (mo-day-yr)				•••••			VAAS enabled?		No)	
	Pump test data: Well water wasft. afterhours pumpinggpn				☐ Land Survey ☐ Topographic Map						
W X E	Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gpi										
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:	ft. and	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	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr					b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Industrial	☐ Recovery		njection		-			specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected? \square Yes \square 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 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											
Nearest source of possible		10., 1 10111	• • • • • • • • • • • • • • • • • • • •	. 11. 10	•••••	10., 1 10111 .					
☐ Septic Tank	Lateral Line	s 🔲	Pit Privy		□L	ivestock Per	ıs	☐ Insection	cide Storage	e	
☐ Sewer Lines	☐ Cess Pool		Sewage L		□F	uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	Į	
☐ Other (Specify)											
			nce from v							IC INTERNAL C	
10 FROM TO	LITHOLOG	JIC LOG		FRO	IVI	TO	LHI	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes	<u> </u>						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	ICATIO	N: This v	water	well was	coı	nstructed, \square reco	onstructed.	or plugged	
under my jurisdiction an	d was completed on (m	no-day-year	r)		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.											

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