

Original Record		WWC-5	110			ion of Water			Wall ID		
		e in Well Us	se			rces App. N		Township Numb	Well ID	naa Numban	
1 LOCATION OF WATER WELL: County:		Fraction		4 1/4	Section Number		Γ	Township Numb		Range Number R □ E □ W	
- v		/4 /		r Direc	1 Addross r	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:				T					
3 LOCATE WELL	4 DEPTH OF COM	IPLETED	WELL:		ft	5 Latitu	de.			(decimal degrees)	
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engountered: 1)										
SECTION BOX:	2) ft. 3) ft., or 4) \square					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)					□GF	PS (u	nit 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										
	Estimated Yield:			gpm					ft. Ground Level TOC		
S	Bore Hole Diameter: in. to f				nd Source: Land Survey GPS Topographic Ma						
mile	1111 10 1111111111111111111111111111111							Other	•••••		
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. wen ib Air Sparge Soil Vapor Ext.					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											
Grout Intervals: From											
Nearest source of possible		10., 1 10111 .		. 11. 10	•••••	10., 1 10111 .	•••••				
☐ Septic Tank	□ Lateral Line	s \square	Pit Privy		\Box L	ivestock Per	ıs	☐ Insection	cide Storag	e	
☐ Sewer Lines	☐ Cess Pool		Sewage La			uel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water		
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	Į	
								C.			
Direction from well? 10 FROM TO	LITHOLOG		nce from w	FRO				1t. HO. LOG (cont.) 01		IC INTEDWALS	
10 FROM TO	LITHOLOG	JIC LUG		FRU.	IVI	10	LIII	10. LOG (cont.) of	PLUGGI	UNIERVALS	
				Notes	:	<u> </u>					
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	ICATIO	N: This v	water v	well was	coı	nstructed, 🗌 reco	onstructed	or plugged	
under my jurisdiction an	d was completed on (m	no-day-year	r)		and th	is record is	s true	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