

WATER WELL RI ☐ Original Record ☐		W W C-5		0200		sion of Wate			Wall ID		
1 LOCATION OF WA		e in Well U				irces App. N		Township Numb	Well ID	n aa Numban	
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ra	nge Number □ E □ W		
2 WELL OWNER: La		74 7		r Direc	1 Addraga	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:				1					
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN											
SECTION BOX:	IN BUA: $\begin{pmatrix} 1 & 2 \end{pmatrix}$ ft 3) ft or 4) \Box					Editate:					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)						PS (u	ınit make/model:)	
NW NE	above land surface, measured on (mo-day-yr)				☐ Land Survey ☐ Topographic Map					No)	
	Pump test data: Well water was ft.										
WE	after hours pumping gpr Well water was ft.					Online Mapper:					
SW SE	after hours pumping gp.										
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC					
	Bore Hole Diameter:	ft. and		Source: Land Survey GPS Topographic Map							
1 mile		ft.		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	8. Monitoring: well ID					12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (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											
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)											
SCREEN-PERFORATED INTERVALS: From											
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			cide Storage		
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ell/Gas Wel	ĺ	
☐ Other (Specify)											
			ance from v							IC INTERNAL C	
10 FROM TO	LITHOLOG	JIC LUG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
					_						
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N. This	water	well was F	1 co	nstructed \square reco	nstructed	or nlugged	
under my jurisdiction an	d was completed on (m	no-dav-ve	ar)		and th	is record i	s tru	e to the best of m	v knowlec	lge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	nplet	ted on (mo-day-v	ear)		
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.											
KS Department of Health ar	a Environment, Bureau of V	vater, Geolo	gy Section, l	LUUU SW Jac	ckson S	t., Suite 420,	1 opeł	ka, Kansas 66612-136	 relephor 	ie 785-296-3565.	

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