

WATER WELL R ☐ Original Record ☐		WWC-5	1202	_		ion of Water			Well ID		
		e in Well Use Fraction				rces App. N		Correshin Mumb		a Number	
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4		1/4	Section Number			Γownship Numb T S	er Rai	_	
2 WELL OWNER: Last Name:		First:			Dura	1 Addross v	vhoro	well is located			
Business:											
Business: direction from nearest town or intersection): If at owner's address, check here:											
Address:											
City:	State:	ZIP:				Т					
3 LOCATE WELL	4 DEPTH OF COM		ft. 5 Latitude:(decimal degrees)								
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1				Dry Well Datum: WGS 84 NAD 83 NAD 27 ft. Source for Latitude/Longitude:						
17	WELL'S STATIC WATER LEVEL:									111111111111111111111111111111111111111	
	below land surface, measured on (mo-day-yr					GPS (unit make/model:)					
NW NE	above land surface, measured on (mo-day-yr				☐ Land Survey ☐ Topographic Map					l o)	
	Pump test data: Well water was ft.										
W XE	after hours pumping gp Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gp										
	Estimated Yield:	SPIII		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to				. and Source: Land Survey GPS Topographic						
mile	in. to ft.					Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa							Water Supply: 16			
Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Ext					a) Closed Loop ☐ Horizontal ☐ Vertical 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 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											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		π., From		π. το		п., From .		п. то	It.		
Septic Tank	□ Lateral Line	es 🔲 Pit 1	Privv		Пτ	ivestock Per	16	☐ Insectio	cide Storage		
Sewer Lines	☐ Cess Pool		vage Lag	200n		uel Storage	1.5		oned Water		
☐ Watertight Sewer Lin				5		ertilizer Stor	rage		ll/Gas Well		
Other (Specify)											
Direction from well?			from we								
10 FROM TO	LITHOLOG	GIC LOG		FRON	M	TO	LITH	O. LOG (cont.) or	PLUGGIN	G INTERVALS	
					_						
				Notes							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Contractor's License No											
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 as	nd Environment, Bureau of W	Vater, Geology Se	ction, 10	00 SW Jacl	kson St	t., Suite 420, 7	l'opeka	i, Kansas 66612-136	/. Telephon	e 785-296-3565.	

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