

WATER WELL RI		W W C-5		0111		ion of Wate			W-11 ID		
		e in Well I				rces App. N		Torreshin Numb	Well ID	ana Numban	
1 LOCATION OF WATER WELL:		Fraction			Section Number		r	Township Numb	er Rai	Range Number R □ E □ W	
County: 2 WELL OWNER: La		/4 /		r Diiro	1 Addross v	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:										check here.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF COM	IPLETE	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)	
WITH "A" IN Donth(s) Groundwater Engountered: 1)					8,						
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:					
X	□ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr)					□GI	PS (ı	ınit make/model:	· • • • • • • • • • • • • • • • • • • •)	
NW NE					• • • • • • •			WAAS enabled? □		√ (o)	
	Pump test data: Well water was ft. after hours pumping gpi				☐ Land Survey ☐ Topographic Map						
W E	Well water was ft.					Online Mapper:					
SW SE			oinggpm								
	Estimated Yield:			· 6F				n:ft. ☐ Ground Level ☐ TOC			
S	Bore Hole Diameter: in. to f				nd Source: Land Survey GPS Topographic Map						
mile			☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa							ld 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 Extra					b) Open Loop Surface Discharge Inj. of Water					
4. Industrial	☐ Recovery		Injection	2	-			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 PERFORA			_				_				
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
								ft Enom	ft to	£.	
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111	• • • • • • • • • • • • • • • • • • • •	. 10. 00		10., 1 10111 .			11.		
☐ Septic Tank	☐ Lateral Line	s [le Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storage	;	
☐ Sewer Lines	Cess Pool		☐ Sewage L			uel Storage			oned Water	Well	
☐ Watertight Sewer Line			☐ Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
				FRO				tt. HO. LOG (cont.) o		CINTEDVALC	
10 FROM TO	LITHOLOG	TIC LUG		FRU	IVI	10	LH	HO. LOG (cont.) of	PLUGGIN	GINTERVALS	
				Notes	<u> </u>						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	co	nstructed, \square reco	onstructed,	or plugged	
under my jurisdiction and	d was completed on (m	o-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	end one copy to WATER W	FII OWN	FR and retain	one for ver	ir recor	ds Fee of \$5	00 f	or each constructed my			
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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