

WATER WELL RI  ☐ Original Record ☐		W W C-5		1000		ion of Water			Wall ID				
1 LOCATION OF WA		e in Well U				rces App. N		Township Numb	Well ID	naa Numban			
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W				
- v		74 7		r Direc	1 Addragg	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:	2) ft. 3) ft., or 4)												
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:								
	below land surface, measured on (mo-day-yr)  above land surface, measured on (mo-day-yr)						PS (u	ınit make/model:		)			
NW NE								(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was							urvey 🔲 Topogr					
WE						☐ Oı	Online Mapper:						
SW   SE	Well water was ft. after hours pumping gp												
	Estimated Yield:gpm					<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to fi												
1 mile				Other									
1 mile  in. to ft. Uniter													
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 in. to ft., Diameter in. to ft.													
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	s 🗆	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storag	e			
☐ Sewer Lines	Cess Pool		] Sewage L			uel Storage			oned Water				
☐ Watertight Sewer Line			Feedyard		□ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Wel	Į			
☐ Other (Specify)													
			ance from v							IC DIFFERNAL C			
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS			
				Noto									
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	nis record is	s tru	e to the best of m	v knowled	lge and belief.			
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd 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	.uuu SW Jac	ckson S	t., Suite 420, '	1 opeł	ka, Kansas 66612-136	7. Telephor	.e /85-296-3565.			

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