

WATER WELL R  ☐ Original Record ☐		W W C-5	12010			ion of Water			Well ID			
1 LOCATION OF W.	<u> </u>	e in Well Use Fraction				rces App. No		in Numb		aga Numbar		
County:	1/4 1/4 1/4 1/4			Section Number			Township Number T S		nge Number □ E □ W			
2 WELL OWNER: La	First:			Durol	1 Addross v	where well is		(if you know on				
Business:												
Business: Address:  direction from nearest town or intersection): If at owner's address, check here:												
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WE	ELL:		ft	5 Latitud	de.			(decimal degrees)		
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				. 10.	t. 5 Latitude:						
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I											
17	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 □ below to the Well surface).					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)						
NW NE												
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map							
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:						
SW   SE	after hours pumping gp											
	Estimated Yield:		5P		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:		ter Supply: well										
Household	6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID											
☐ Lawn & Garden ☐ Livestock												
2. Irrigation	8. Monitoring: well ID											
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												
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												
Casing height above land surface in. Weight												
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)												
		auze Wrapped						ecify)	• • • • • • • • • • • • • • • • • • • •			
□ 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				10., 1 10111 .						
☐ Septic Tank	□ Lateral Line	es 🔲 Pit P	rivy		☐ Li	ivestock Pen	s	☐ Insecti	cide Storage	<b>;</b>		
☐ Sewer Lines	Cess Pool	☐ Sewa				uel Storage			oned Water			
☐ Watertight Sewer Lin					☐ Fe	ertilizer Stor	age	☐ Oil We	ell/Gas Well			
☐ Other (Specify)												
10 FROM TO	LITHOLOG		rom we	FROM						G INTERVALS		
10 FROM TO	LITHOLOG	JIC LOG		FROM	1	10 1	LITHO. LOO	(Cont.) of	rLuddin	GINTERVALS		
				Notes:	l							
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFICA	TION	: This w	ater v	well was	constructed	d, 🔲 reco	onstructed,	or plugged		
under my jurisdiction and was completed on (mo-day-year)												
Kansas Water Well Con	tractor's License No	Th	nis Wat	ter Well I	Recor	rd was com	pleted on (n	no-day-y	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.												