

WATER WELL R		W W C-5	_	3001		ion of Wate			W-11 ID			
		e in Well Us	se			rces App. N		Torreshin Numb	Well ID	a Numban		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4		4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W		
· ·		74 7		r Diiro	1 Addraga	who						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance direction from nearest town or intersection): If at owner's address, check he												
Address:										check here.		
Address:												
City:	State:	ZIP:				Т						
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX:	N 2) ft. 3) ft., or 4) \square 1					Ory Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
1	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface,		Graduation in the second control of the seco									
NW NE	above land surface, measured on (mo-day-yr)				• • • • • • • • • • • • • • • • • • • •			WAAS enabled? □		10)		
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map							
W X E	Well water was ft.					☐ Online Mapper:						
SW SE	after hours pumping gp											
	Estimated Yield:gpm						Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to ft				nd Source: Land Survey GPS Topographic Map							
mile	in. to ft.								• • • • • • • • • • • • • • • • • • • •			
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Water Supply: well ID											
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot												
4. ☐ Industrial	☐ Recovery		njection					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												
Casing height above land surface in. Weightlbs./ft. Wall thickness or gauge No												
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												
Grout Intervals: From												
Nearest source of possible		,				,						
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Per			cide Storage			
Sewer Lines	Cess Pool		Sewage La			uel Storage			oned Water			
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)												
10 FROM TO	LITHOLOG		iice iioiii v	FRO				HO. LOG (cont.) or		GINTERVALS		
10 1 KOM 10	EITHOLOG	JIC LOG		TRO	IVI	10	L111	110. LOG (cont.) of	TLUGGIIV	O II VI EK VI IES		
Notes:												
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	ICATIO	N: This v	water	well was	co	nstructed, 🗌 reco	onstructed,	or plugged		
under my jurisdiction an	d was completed on (m	no-day-year	i)		and th	ns record is	s tru	e to the best of m	y knowled	ge and belief.		
Kansas Water Well Con												
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.											

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