

WATER WELL RI ☐ Original Record ☐		W W C-5		1020		ion of Wate			Wall ID			
		e in Well U				rces App. N		Torreshin Numb	Well ID	ana Numban		
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4		4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W		
County: 2 WELL OWNER: La		/4 /		r Duro	1 Addross	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:												
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	Donth(a) Groundwater Engagetered: 1)					8						
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface,				PS (ι	ınit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)				• • • • • • • • • • • • • • • • • • • •			WAAS enabled?		√o)		
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map							
W X E	afterhours pumpinggp: Well water wasft.					☐ Online Mapper:						
SW SE	after hours pumping gp											
	Estimated Yield:		· 8F		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to fr				d 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	☐ Air Sparge ☐ Soil Vapor Extr					b) Open Loop Surface Discharge Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection		-			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 PERFORATION OPENINGS ARE:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
								ft Enom	ft to	£.		
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest source of possible		. 10., 1 10111		. 11. 10		10., 1 10111						
☐ Septic Tank	☐ Lateral Line	s \square	Pit 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 Sto	rage	☐ Oil We	ll/Gas Well			
Other (Specify)								c				
Direction from well? 10 FROM TO	LITHOLOG		ance from v	FRO				tt. HO. LOG (cont.) or		C INTERVALE		
10 FROM TO	LITHOLOG	JIC LUG		FRO	IVI	10	LIII	HO. LOG (COIII.) OI	PLUGGIN	GINTERVALS		
				Notes	S:							
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	co	nstructed, 🔲 reco	onstructed,	or plugged		
under my jurisdiction and	d was completed on (m	no-day-yea	ar)		and th	nis record i	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	ELL OWNE	ER and retain	one for you	ir record	ds Fee of \$5	00 fe	or each constructed wa				
		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