

WATER WELL RI		W W C-5		0210		sion of Water			Wall ID		
		e in Well U	se			rces App. N		Township Numb	Well ID	naa Numban	
1 LOCATION OF WATER WELL: County:		Fraction		/ ₄ 1/ ₄	Section Number		r	Township Numb		Range Number R □ E □ W	
2 WELL OWNER: La		74 7		r Direc	1 Addraga	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:										check here.	
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) \square I				Bongrouse:						
N	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:						
	below land surface,	y-yr)			PS (u	ınit make/model:)			
NW NE	□ above land surface, measured on (mo-day-yr) Pump test data: Well water was				Land			(WAAS enabled? ☐ Yes ☐ No) d Survey ☐ Topographic Map			
WE						Online Mapper:					
SW SE											
	Estimated Yield:		pumpinggpm			6 Elevat	tion:	n:ft. 🔲 Ground Level 🔲 TOC			
S	Bore Hole Diameter: in. to										
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	•					☐ Ca	sed	☐ Uncased ☐ □	Geotechnic	al	
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop					
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) ☐ 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	s \square	Pit Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storage	e	
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		□ F	ertilizer Stor	rage	☐ Oil We	ll/Gas Well	Į	
☐ Other (Specify)											
			nce from v							IC DIFFERNAL C	
10 FROM TO	LITHOLOG	JIC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes							
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	СЕВТІЕ	TCATIO	N. Thie	water	well was F	7 001	nstructed \square reco	nstructed	or nlugged	
under my jurisdiction an	d was completed on (m	no-dav-vea	r)		and th	is record in	s tru	e to the best of m	v knowled	lge and belief.	
Kansas Water Well Cont	tractor's License No		. This W	ater Well	Reco	ord 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, Geolog	y Section, l	luuu SW Jac	ckson S	t., Suite 420, '	1 opek	ka, Kansas 66612-136	7. Telephon	.e /85-296-3565.	

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