

WATER WELL RI ☐ Original Record ☐		W W C-5		0010		sion of Wate	- 1		Wall ID		
		e in Well U				irces App. N		Torreshin Numb	Well ID	a Numban	
1 LOCATION OF WATER WELL:		Fraction			Section Number		r	Township Numb	er Rai	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:										check here.	
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)	
WITH "A" IIV Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX: ft 3) ft or 4)					Dongreade:(decimal degrees)						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
							PS (t	ınit make/model:)	
NW NE						_		(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping gp Well water was ft.					Online Mapper:					
SW SE											
X	Estimated Yield:		umping gpm			6 Elevat	tion	on: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 7. ☐ Aquifer Recharge: well ID						☐ Ca	☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot Soil Vapor Ex											
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., Diameter 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 ft. to ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111		. 10. 00		, 110111					
Septic Tank	Lateral Line	s \square	Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	;	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				N 7 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (n	o-dav-ve	rICATIO ar)	14: 1 ms '	water ' and th	wen was L	_ CO	nsuucieu, ∐ rec(e to the best of m	nistructed, v knowlad	or □ prugged	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was con	o u u nplet	ted on (mo-day-v	ear)	ge and bener.	
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 ar	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	000 SW Jac	ckson S	t., Suite 420,	Topel	ka, Kansas 66612-136	Telephon	e 785-296-3565.	

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