

WATER WELL RI ☐ Original Record ☐		W W C-5	_	0001		ion of Wate			Wall ID		
1 LOCATION OF WA		e in Well U Fraction	se			rces App. N		Tourship Numb	Well ID	aga Numbar	
County:	1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La	First:	/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:									
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)	
WITH "X" IN	Donth(s) Groundwater Engeuntered: 1)										
SECTION BOX:	SECTION BOX: ft 3) ft or 4)					Dongrouse:					
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
							PS (ı	ınit make/model:)	
NW NE						(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.							d Survey			
WE	after hours				Online Mapper:						
SW SE		vater was ft. pumping gpm									
🏄					6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Estimated Yield: Bore Hole Diameter:		in. to ft. and				e: \[\text{Land Survey} \] \[\text{GPS} \] \[\text{Topographic Map} \]				
1 mile											
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden											
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
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											
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		10., 1 10111					
Septic Tank	Lateral Line	s \square	Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	è	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				NT 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-day-ve	rICATIO ar)	14: 1 ms '	water ' and th	wen was L	CO:	nsuucieu, ∐ rec(e to the best of m	nistructed, v knowled	or □ prugged ge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was con	o u u nplei	ted on (mo-day-v	ear)	ge and belief.	
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	ekson 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