

Original Record		W W C-5		0400		sion of Water			Wall ID		
1 LOCATION OF WA		e in Well U				rces App. N		Township Numb	Well ID	nga Numban	
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
County:		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:											
Address:											
City:	State:	ZIP:				T					
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	L Donth(a) (Proundwater Engountared: 1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4) $\square$ I										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	<ul> <li>below land surface,</li> </ul>	/-yr)			PS (u	ınit make/model:		)			
NW NE	above land surface, measured on (mo-day-yr)						(V	VAAS enabled?	Yes 🔲	No)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W X E	after hours pumping gpr Well water was ft.					Online Mapper:					
SW SE	after hours pumping										
	Estimated Yield:gpm					<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:	ft. and		Source: Land Survey GPS Topographic Map							
1 mile		ft.		Other							
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
☐ Lawn & Garden	7. Aquifer Recharge: well ID										
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?						
2.  Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot						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?											
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other											
Casing diameter											
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)											
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 Storag		
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Wel	Į	
☐ Other (Specify)											
			ance from v							IC INTERNAL C	
10 FROM TO	LITHOLOG	JIC LUG		FRO	M	TO	LHI	HO. LOG (cont.) or	PLUGGI	GINTERVALS	
					-						
				Notes							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (m	no-dav-ve	ar)		and th	is record in	s tru	e to the best of m	v knowled	lge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	nplet	ted on (mo-day-y	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, Geolo	gy section, l	UUU SW Jac	ckson S	t., Suite 420, '	1 opek	ka, Kansas 66612-136	7. Telephor	.e /85-296-3565.	

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