

	W W C-5	1170			ion of Water		W-11 ID			
	ge in Well Use				rces App. No.		Well ID	NI1		
1 LOCATION OF WATER WELL:	Fraction	/4 1/2		Section	on Number	Township Numb		ge Number		
County:		/ <sub>4</sub> 1/ <sub>2</sub>		D1	1 A 1.1	T S	R	□ E □ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and										
Business: direction from nearest town or intersection): If at owner's address, check here:										
Address:										
City: State:	ZIP:									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:										
WITH 'A' IN Double's Croundwater Engagement 1) ft										
SECTION BOX:	SECTION BOX: ft or 4) $\square$ D									
WELL'S STATIC WA	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr)				GPS (unit make/model:)					
above land surfac	above land surface, measured on (mo-day-yr)				(WAAS enabled?  \[ \subseteq \text{Yes}  \text{No} \)					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
	after hours pumpinggpm				Online Mapper:					
CTT CT	Well water was ft.									
X   and	after hours pumping gpm Estimated Yield:gpm				<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC					
	Bore Hole Diameter: in. to ft. and				Source:   Land Survey   GPS   Topographic Map					
l	in. to									
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
	6. Dewatering: how many wells?									
	7. Aquifer Recharge: well ID				☐ Case	d Uncased	Geotechnica	1		
☐ Livestock 8. ☐ Monitori	8. Monitoring: well ID				12. Geothermal: how many bores?					
	9. Environmental Remediation: well ID									
	☐ Air Sparge ☐ Soil Vapor Extraction				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										
Casing height above land surface in. Weight										
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 contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
		e from w						C INTERNAL C		
10 FROM TO LITHOLO	GIC LOG		FRON	/1	TO L	ITHO. LOG (cont.) or	r PLUGGIN	GINTERVALS		
				-						
			Notes	,						
110105.										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged										
under my jurisdiction and was completed on (mo-day-year)										
Kansas Water Well Contractor's License No										
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.										