

WATER WELL RI		W W C-5		0071		sion of Wate			Wall ID		
<u> </u>		e in Well U				irces App. N		Torrachia Numb	Well ID	n an Mumban	
1 LOCATION OF WATER WELL:		Fraction			Section Number		r	Township Numb		Range Number R □ E □ W	
County:		_									
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' IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX: ft or 4)											
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)					□ G	PS (1	unit make/model:)	
NW NE	above land surface, measured on (mo-day-yr)						(WAAS enabled?	Yes 🔲 l	No)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp Well water was ft.					Online Mapper:					
SW SE 🗙	after hours pumping g										
	Estimated Yield:	•••••	gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to ft				ad Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
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	<u> </u>					☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot					1						
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 JOINTS: Glued Clamped Welded Threaded											
Casing diameter											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ 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		Pit Privy			ivestock Pe			cide Storage		
Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well											
Direction from well?								ft			
10 FROM TO	LITHOLOG			FRO				HO. LOG (cont.) or		GINTERVALS	
TO TROM	EITHOLOG	JIC LOG		TRO	171	10	LII	110. LOG (cont.) of	LUGGII	GIVILICIALS	
				Notes	s:						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was [co	nstructed, \square reco	onstructed.	or plugged	
under my jurisdiction and	d was completed on (m	no-day-ye	ar)		and th	nis record i	s tru	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	nple	ted on (mo-day-y	ear)		
under the business name	of WATER W	TIL OVER	ED 3 - 4 '			1- E- CAS			.11		
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.											

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