

WATER WELL R ☐ Original Record ☐		W W C-5	1000			ion of Water		∫ Well ID			
		e in Well Use Fraction				rces App. No			nga Numbar		
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4		1/4	Section Number		Township Num T S		Range Number R □ E □ W		
2 WELL OWNER: La	First:			Duro	1 Addross v						
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:				1					
3 LOCATE WELL	4 DEPTH OF COM	IPLETED W	ELL:		ft	5 Latitud	de.		(decimal degrees)		
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) \square I										
11	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr					□GP	GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr				(
	Pump test data: Well water wasft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp: Well water was ft.					☐ Online Mapper:					
SW X SE	after hours pumping gp										
	Estimated Yield:gpm			5P		6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to				t. and Source: Land Survey GPS Topographic Ma						
mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa						Field Water Supply:				
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical					
2. Irrigation	8. Monitoring: well ID					12. Geothermal: how many bores?					
3. ☐ Feedlot	9. Environmental Remediation: well ID Air Sparge Soil Vapor Extr				••••	b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Industrial	☐ Recovery		_				er (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected? \square Yes \square No											
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)											
□ 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											
Nearest source of possible contamination:											
☐ Septic Tank	☐ Lateral Line	es 🔲 Pit	Privy		☐ Li	ivestock Pen	s 🔲 Insect	icide Storage	2		
☐ Sewer Lines	☐ Cess Pool		wage Lag			uel Storage		loned Water	Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
			from we						IC INTERMALC		
10 FROM TO	LITHOLOG	JIC LUG		FROM	1	TO I	LITHO. LOG (cont.)	or PLUGGIN	GINTERVALS		
				1							
				Notes:							
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 Con	tractor's License No	Т	This Wa	ter Well l	Recoi	rd was com	pleted on (mo-day-	year)			
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.											
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.											