

WATER WELL RI		W W C-5		0101		sion of Wate			W-11 ID		
<u> </u>		e in Well U				irces App. N		Torreshin Numb	Well ID	a a Numbar	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W	
County:  2 WELL OWNER: La											
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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "A" IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX: 2) ft., or 4)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
14	WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:					
	□ below land surface, measured on (mo-day-y					Gl	PS (ı	ınit make/model:	• • • • • • • • • • • • • • • • • • • •	)	
NW <b>X</b> E	on (mo-day			(WAAS enabled? ☐ Yes ☐ No)							
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
W E			pumping gpm uter was ft. pumping gpm			☐ Oı	nline	Mapper:			
SW SE											
	gpm	••••••	5pm				:ft				
S	Bore Hole Diameter: in. to				nd Source: Land Survey GPS Topographic Ma						
mile		ft.	□ O41								
7 WELL WATER TO BE USED AS:											
1. Domestic:	<ol><li>Public Wa</li></ol>					10. 🔲 Oil	l Fie	ld Water Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	<u> </u>										
Livestock	8. Monitoring: well ID							al: how many bores			
2. ☐ Irrigation 3. ☐ Feedlot											
4. ☐ Industrial	☐ Recovery		Injection	Latraction	1						
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 diameter											
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											
Grout Intervals: From  Nearest source of possible		. It., From	••••••	. It. to		It., From .		It. to	It.		
Septic Tank	Lateral Line	. г	] Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storage		
Sewer Lines	☐ Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ll/Gas Well		
Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
				NT - 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	d was completed on (n	o-dav-ve	r ICA HO ar)	14. IIIIS '	and th	wen was L	_ CO s tru	nsuluciou, 🔝 rect e to the best of m	nisu ucted, v knowled	or □ prugged ge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	nple	ted on (mo-day-v	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 an	a Environment, Bureau of V	vater, Geolo	ogy Section, 1	LUUU SW Jac	ckson S	t., Suite 420,	1 ope	ka, Kansas 66612-136	7. Telephon	e 185-296-3565.	

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