

WATER WELL RI ☐ Original Record ☐		W W C-5		0200		sion of Wate			Wall ID		
1 LOCATION OF WA		e in Well U	se			irces App. N		Township Numb	Well ID	nga Numban	
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
- v		/4 /		r Duro	1 Addross	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:				1					
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN						8,					
SECTION BOX:	2) ft. 3) ft., or 4) \square I				Edigitade:						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-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 E	after hours pumping gp Well water was ft.					Online Mapper:					
SW SE	after hours pumping										
	Estimated Yield:					6 Elevation :ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft				nd Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
mile	in. to 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>										
Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical					
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	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 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 Dement 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 Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)											
Direction from well?								ft			
10 FROM TO	LITHOLOG		ance mom v	FRO				HO. LOG (cont.) or		IG INTERVALS	
TO TROW	EITHOLOG	JIC LOG		1 KO	171	10	L/111	.10. LOG (cont.) of	LUGGII	IO IIVIERVALD	
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	coı	nstructed, \square reco	onstructed	or plugged	
under my jurisdiction an	d was completed on (m	no-day-yea	ar)		and th	nis record is	s tru	e to the best of m	y knowled	lge and belief.	
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd 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.										

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