

WATER WELL R ☐ Original Record ☐		W W C-5	1012			ion of Water			Well ID		
1 LOCATION OF W		e in Well Use Fraction				rces App. No on Number		Numbe		ga Numbar	
County:	1/4 1/4	1/4	Secu	on Number	per Township Numl T S		er Ran R	ge Number □ E □ W			
2 WELL OWNER: La		1/4		Duro	1 Addross v						
Business: direction from nearest town or intersection): If at owner's address, check here:											
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	4 DEPTH OF COM		ft. 5 Latitude:(decimal degrees)					(decimal degrees)			
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1				Dry Well Datum: \(\text{WGS 84} \) \(\text{NAD 83} \) \(\text{NAD 27} \)						
11	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr					GPS (unit make/model:)					
NW NE	above land surface, measured on (mo-day-yr				☐ Land Survey ☐ Topographic Map					o)	
	Pump test data: Well water was										
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gp										
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC					
	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic						
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well					Field Water Sup				
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID										
2. Irrigation	8. Monitoring: well ID					12. Geothermal: how many bores?					
3. ☐ Feedlot	9. Environmental Remediation: well ID Air Sparge Soil Vapor Ext				••••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial						13. Other (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 in. to											
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:											
		auze Wrapped					Other (Speci	fy)			
	☐ Key Punched ☐ W					ne (Open Ho			c	C	
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		It., FIOIII	1	1. 10		It., FIOIII .	11. 10		Il.		
Septic Tank	Lateral Line	es 🔲 Pit P	rivv		□Li	ivestock Pen	s 🗆	Insectic	ide Storage		
☐ Sewer Lines	Cess Pool	☐ Sewa				uel Storage			ned Water V	Well	
☐ Watertight Sewer Lin		☐ Feed	yard		☐ Fe	ertilizer Stor	age \square	Oil Wel	l/Gas Well		
☐ Other (Specify)											
Direction from well?			rom we								
10 FROM TO	LITHOLOG	FIC LOG		FROM	1	TO I	LITHO. LOG (c	ont.) or	PLUGGING	G INTERVALS	
										_	
				Notes:							
110005.											
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	Th	nis Wat	ter Well l	Recoi	rd was com	pleted on (mo-	-day-ye	ar)		
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.											
Les Department of Health at	Luvironincii, Duicau 01 V	, a.c., Geology Bee	, 100	JO D TT JACK	SOII DL	, Duite +20, I	opena, mansas 00	012-130	,. rerephone	, 00 2/0-0000.	