

WATER WELL RECO		WWC-5		1930		ion of Water			XX 11 ID		
						esources App. No.		1: 37 1	Well ID	NI 1	
1 LOCATION OF WATER WELL:		Fraction			Section Number			Township Number			
County:		1/4 1/4 1/4			or Dural Address wh					□ E □ W	
2 WELL OWNER: Last Name Business:	First:		or Rural Address where well is located (if unknown, distance and from nearest town or intersection): If at owner's address, check here:								
Address:	direction	ection from hearest town of intersection). If at owner's address, effect fiere.									
Address:											
City:	ZIP:	ZIP:									
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					ft. 5 Latitude:(decimal degrees)					.(decimal degrees)	
WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)					ft. Longitude:(decimal degrees)						
N 2) ft. 3) ft., or 4) 🗆					Dry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
WELL'S STATIC WATER LEVEL:								ude/Longitude			
below land surface, measured on (mo-day-yr						(
	above land surface, measured on (mo-da Pump test data: Well water was				•••••	(WAAS enabled? ☐ Yes ☐ No)					
						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
"	Well water was ft.										
	after hours pumping gp.										
	Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
		in. to ft. and			Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other						
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
☐ Household 5. ☐ Dewatering: how many wells?											
☐ Lawn & Garden	charge: well ID						Uncased 🔲				
☐ Livestock 8. ☐ Monitoring: well ID								ow many bore			
2. Irrigation 9. Environmental Remediation: well ID.								Horizon			
				Extraction	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											
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 ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible contain		. 10., 1 10111	••••••	. 11. 10		10., 1 10111		11. 10			
☐ Septic Tank	☐ Lateral Line	s 🔲 🛚	Pit Privy		\Box L	ivestock Pen	s	☐ Insecti	cide Storage	2	
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well											
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
10 FROM TO	LITHOLOG		ice from v	FRO						IG INTERVALS	
TO TROW TO	LITHOLOG	nc Log		TRO	IVI	10 1	211110.1	LOG (cont.) of	LUGGII	OIVIERVALS	
	-										
Notes:											
11 CONTRACTORS OF I	A NIDOTTALED **	CEDAIR		N. Tri		11 . 🔽					
11 CONTRACTOR'S OR Launder my jurisdiction and was	ANDUWNEK'S	o-day-vear	ICATIO	ın: ınıs	water v and th	well was 🔝	true to	icteu, ∐ rect the best of m	onstructed, v knowled	or ∐ plugged ge and helief	
Kansas Water Well Contractor	's License No.		. This W	ater Well	Reco	rd was com	pleted o	on (mo-dav-v	ear)		
under the business name of											
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.											