

WATER WELL RI ☐ Original Record ☐		W W C-5		3010		ion of Water			Wall ID		
		e in Well U				rces App. N		Torumahin Mumb	Well ID	naa Numban	
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		74 7		r Direc	1 Addragg	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:										check here.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	D WELL:		ft	5 Latitu	de.			(decimal degrees)	
WITH "X" IN	Donth(s) Groundwater Engountered: 1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4) \square					Ory Well Datum: □ WGS 84 □ NAD 83 □ NAD 27					
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	□ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr)					□GI	PS (u	nit make/model:	·)	
NW NE								VAAS enabled?		No)	
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gpi Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gp										
	Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to ft.				Source: Land Survey GPS Topographic Map						
mile	111111111111111111111111111111111111111							Other			
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa							d Water Supply: 16			
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID										
2. Irrigation	8. Monitoring: well ID										
3. ☐ Feedlot	Air Sparge ☐ Soil Vapor Extr					b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection		-			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:											
☐ 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. to ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
Grout Intervals: From											
Nearest source of possible		,				,					
☐ Septic Tank	☐ Lateral Line	s [Pit Privy		\Box L	ivestock Per	ıs	☐ Insection	cide Storage	e	
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line] Feedyard		☐ F	ertilizer Stor	rage	☐ Oil We	ell/Gas Well	Į	
Other (Specify)								C.			
Direction from well? 10 FROM TO	LITHOLOG		ance from v	FRO				1t. HO. LOG (cont.) 01		IC INTEDWALS	
10 FROM TO	LITHOLOG	JIC LUG		FKU	IVI	10	LIII	10. LOG (cont.) of	PLUGGIN	UNIERVALS	
				Notes	S:						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	coı	nstructed, 🗌 reco	nstructed	or plugged	
under my jurisdiction and	d was completed on (m	no-day-ye	ar)	· · · · · · · · · · · · · · · · · · ·	and th	nis record is	s true	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont											
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.										

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