

WATER WELL RI  ☐ Original Record ☐		W W C-5		2200		sion of Wate			Wall ID			
		e in Well U				irces App. N		Torreshin Numb	Well ID	ana Numban		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		/4 /		r Diiro	1 Addross	who						
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	4 DEPTH OF COM	IPLETEI	WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX:	2) ft. 3) ft., or 4)					Dry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:							
	below land surface,			□Gl	PS (ı	ınit make/model:	· • • • • • • • • • • • • • • • • • • •	)				
K - NW NE	□ above land surface, measured on (mo-day-yr) Pump test data: Well water was				• • • • • • •			WAAS enabled?   □		<b>√</b> (o)		
								Survey Topogr				
E E						Online Mapper:						
SWSE	after hours											
	Estimated Yield:			OI				:ft				
S	Bore Hole Diameter: in. to fr				d Source:   Land Survey GPS Topographic Maj							
mile	in. to ft.							•••••				
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							ld 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 Extra					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?  Yes No												
8 TYPE OF CASING USED:  Steel PVC Other												
Casing diameter in. to												
Casing height above land surface in. Weightlbs./ft. Wall thickness or gauge No												
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												
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		,				,						
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Per			cide Storage			
Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		□F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well			
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ance monity	FRO				HO. LOG (cont.) or		GINTERVALS		
TO TROM TO	EIIIOEO	JIC LOG		TRO	IVI	10	LIII	110. EOG (cont.) of	LUGGIIV	GIVILIVILIS		
Notes:												
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	co	nstructed, 🗌 reco	onstructed,	or plugged		
under my jurisdiction an	d was completed on (m	no-day-yea	ar)	7-4 337 11	and th	ns record i	s tru	e to the best of m	y knowled	ge and belief.		
Kansas Water Well Cont under the business name												
S S	end one copy to WATER W	ELL OWNF	ER and retair	one for voi	ir record	ds. Fee of \$5	.00 fc	or each constructed we	ell.			
		Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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