

WATER WELL RI ☐ Original Record ☐		W W C-5		0000		sion of Water			Wall ID		
		e in Well Us	e			rces App. N		Township Numb	Well ID	a 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		ſ	Township Numb T S		Range Number R □ E □ W	
- v	•	/4 /		r Duro	1 Addross v	vhor	_ ~				
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 COMPLETED WELL:						5 Latitu	de.			(decimal degrees)	
WITH "A" IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX: ft 3) ft or 4)					Bongreace:(decimal degrees)						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)					□GF	PS (ui	nit make/model:)	
NW NE	above land surface, measured on (mo-day-yr)						(W	/AAS enabled?	Yes 🗆 N	√o)	
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping gp. Well water was ft.					Online Mapper:					
SW SE	after hours			m							
					6 Elevation			n:ft. 🔲 Ground Level 🔲 TOC			
	Bore Hole Diameter: in. to									opographic Map	
1 mile			Other								
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
☐ Lawn & Garden											
☐ Livestock	8. Monitoring: well ID					. 12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot Air Sparge Soil Vapor Ex											
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 diameter											
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)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		,				ŕ					
☐ Septic Tank	☐ Lateral Line		Pit Privy			ivestock Per	ıs		cide Storage		
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	age	☐ Oil We	ll/Gas Well		
Other (Specify)								C.			
Direction from well?			ice from v							CINTEDIALC	
10 FROM TO	LITHOLOG	JIC LUG		FRO	M	TO	LIIH	IO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes	3.0						
110005											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (m	no-dav-vear)		and th	nis record is	s true	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was com	iplete	ed 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.										
Legith and Department of Health at	ia Liiviioiiiiciit, Buicau 01 V	rater, dedings	beenon, 1	DRE WE GOOD.	C HOCY	, Duite 420, 1	ropek	.a, 18a115a5 00012-150	77. Telepholi	. 10J-470-330J.	

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