

WATER WELL RI  ☐ Original Record ☐		W W C-5		1120		ion of Wate			Wall ID		
1 LOCATION OF WA		e in Well U				rces App. N		Torreshin Numb	Well ID	a a a Mumban	
	Fraction 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		. D.1200	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:											
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	WELL:		ft	5 Latitu	ıde.			(decimal degrees)	
WITH "A" IIV Donth(s) Groundwater Engountered: 1)											
2) ft. 3) ft., or 4)								WGS 84 □ NAI			
	WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:					
X	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)						PS (ı	ınit make/model:		)	
NW   NE					• • • • • • •			WAAS enabled?   □		<b>√</b> (o)	
	Pump test data: Well water was ft. after hours pumping gpi				☐ Land Survey ☐ Topographic Map						
W E	Well water was ft.					☐ Online Mapper:					
SW   SE	after hours										
	Estimated Yield:			gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to fr				d Source: Land Survey GPS Topographic Map						
mile	in. to ft.						☐ Other				
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 Extr					b) Open Loop Surface Discharge Inj. of Water					
4. Industrial	☐ Recovery		Injection	2.111401101	-			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 PERFORA							_				
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
	☐ Key Punched ☐ W							ft Enom	ft to	£.	
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111		. 11. 10		10., 1 10111					
Septic Tank	Lateral Line	s $\square$	Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storage	è	
☐ Sewer Lines	☐ Cess Pool		] Sewage La		□F	uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			ance from v							C DIEEDMALC	
10 FROM TO	LITHOLOG	JIC LUG		FRO	IVI	TO	LH	HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Notes	<u> </u>						
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N: This	water	well was	co	nstructed, $\square$ reco	onstructed,	or plugged	
under my jurisdiction and	d was completed on (m	no-day-yea	ar)		and th	nis record i	s tru	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont											
under the business name	end one copy to WATER W	ELL OWNI	R and retain	one for you	ir recor	ds Fee of \$5	00 f	or each constructed my			
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