

	WELL R		WWC-5 1255	DI	vision of Wate			
					ources App. N			
1 LOCATION OF WATER WELL: County:			Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section Number Township N		er Range Number $R \square E \square W$	
County:     1/4     1/4     1/4     1/4     T     S     R     E     C       2     WELL OWNER: Last Name:     First:     Street or Rural Address where well is located (if unknown, distance and								
					rection from nearest town or intersection): If at owner's address, check here:			
Address:								
Address:								
City: State: ZIP:								
WITH "X" IN 4 DEPTH OF CON			APLETED WELL: .		t. 5 Latitu	de:	(decimal degrees)	
SECTION BOX. Depth(s) Groundwater Enco						Longitude:		
N			3) ft., or 4) [			Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27		
			WELL'S STATIC WATER LEVEL: below land surface, measured on (mo-day-yr)			Source for Latitude/Longitude: GPS (unit make/model:)		
NW	NE	above land surface			(WAAS enabled?  Yes No)			
			Pump test data: Well water was ft.			Land Survey Topographic Map		
w	E	after hour			Online Mapper:			
SW	SE	Well v						
			after hours pumping gp			6 Elevation:ft.  Ground Level  TOC		
	I		gpin in. to	. ft. and	Source: Land Survey GPS Topographic Map			
1 m	ile		in. to		□ Other			
7 WELL WATER TO BE USED AS:								
1. Domestic: 5. Dublic Water Supply: well ID								
			ng: how many wells?			11. Test Hole: well ID		
			echarge: well ID			$\Box$ Cased $\Box$ Uncased $\Box$ Geotechnical		
	□ Livestock       8. □ Monitoring: well ID         2. □ Irrigation       9. Environmental Remediation							
3. ☐ Feedlot						b) Open Loop 🔲 Surface Discharge 🗌 Inj. of Water		
4. 🗌 Industr		□ Recovery	$\Box \text{ Injection} \qquad 13. \Box \text{ Other (specify):}$					
Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted:								
Water well disinfected? $\Box$ Yes $\Box$ No								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded								
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.								
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
Steel       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. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.								
9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other								
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. o ft. to ft.								
		Lateral Line	es 🗌 Pit Privy	Г	Livestock Per	ns 🗆 Insectio	tide Storage	
Sewer I		Cess Pool	Sewage Lag		Fuel Storage		oned Water Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well								
Direction from well? ft.								
Direction fro 10 FROM	m well? TO			FROM			PLUGGING INTERVALS	
IU FROM	10	LITHOLO	GICLUG	FROM	10	LITHO. LOG (cont.) or	PLUGGING INTERVALS	
Notes:								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged								
under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) under the business name of								
under the bu	isiness name	e of		· · · · · · · · · · · · · · · · · · ·		00 f	11	
KS Departm		Send one copy to WATER W nd Environment, Bureau of V						
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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212								