

WATER WELL RI  ☐ Original Record ☐		W W C-5		0001		ion of Water			Wall ID		
1 LOCATION OF WA		e in Well U				rces App. N		Township Numb	Well ID		
	Fraction 1/4 1/4 1/4 1/4			Section Number		Γ	Township Numb	er   Ka   R	nge Number □ E □ W		
County:		/4		r Duro	1 Addross v	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:											
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)				
WITH "X" IN						8,					
SECTION BOX:	<b>NBUA:</b> $\begin{pmatrix} 1 & 2 \end{pmatrix}$ ft or $4 \end{pmatrix} \Box 1$					Editate:					
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
	<ul> <li>below land surface,</li> </ul>	y-yr)		□GI	PS (u	ınit make/model:		)			
NW NE	above land surface, measured on (mo-day-yr)						(V	VAAS enabled?	Yes 🗆	No)	
],	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
E E	after hours pumping gpr Well water was ft.					Online Mapper:					
SW SE	after hours pumping										
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:	ft. and		Source: Land Survey GPS Topographic 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	7. Aquifer Recharge: well ID										
☐ Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2.  Irrigation	9. Environmental Remediation: well ID										
3. Feedlot						b) Open Loop					
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:											
SCREEN OR PERFORATION OPENINGS ARE:   Continuous Slot											
□ 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 Storag		
Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
Watertight Sewer Line		L			∐ F	ertilizer Stor	rage	∐ Oil We	ll/Gas Wel	1	
Other (Specify)								£.			
Direction from well?  10 FROM TO	LITHOLOG		ance from v	FRO				π. HO. LOG (cont.) οι		NC INTERVALE	
10 FROM TO	LITHOLOG	JIC LUG		FRU	IVI	10	LIII	no. Log (cont.) of	PLUGGII	NG INTERVALS	
				Notes	3.						
110165											
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-ve	ar)		and th	nis record is	s tru	e to the best of m	y knowle	dge and belief.	
Kansas Water Well Cont	tractor's License No		This W	ater Wel	Reco	rd was con	nplet	ted 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	a Lavironnicht, Dureau Or V	, aici, Ocolo	gy section, I	LOUG S W Ja	C HOGY	, Dune 420,	rober	xa, 1xansas 00012-130	77. reteption	10 / 03-470-3303.	

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