

WATER WELL RI  ☐ Original Record ☐		W W C-5		0010		sion of Wate			Wall ID		
		e in Well U	se			irces App. N		Torrachia Numb	Well ID	n an Numban	
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W	
2 WELL OWNER: La		/4 /		r Duro	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:				1					
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN  SECTION POY:  Depth(s) Groundwater Encountered: 1)					8,						
SECTION BOX: ft 3) ft or 4)					Dongread:						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	☐ below land surface, measured on (mo-day-yr) ☐ above land surface, measured on (mo-day-yr)					□ G	PS (1	unit make/model:		)	
NW NE								(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumpinggp					Online Mapper:					
X - SW SE	Well water was										
	Estimated Yield:		. gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to f										
1 mile	in. to ft				Other						
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. ☐ Dewatering: how many wells?										
Lawn & Garden											
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
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? ☐ Yes ☐ No											
8 TYPE OF CASING USED:  Steel PVC Other											
Casing diameter in. to ft., Diameter in. to ft., Diameter ft.											
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)											
□ 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											
Nearest source of possible		. 10., 1 10111		. 11. 10		10., 1 10111					
☐ Septic Tank	Lateral Line	s $\square$	Pit Privy			ivestock Pe	ns	☐ Insection	cide Storage	2	
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
Other (Specify)											
Direction from well?			ance from v								
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
				<b>N</b> T 4							
Notes:											
11 CONTRACTOR'S	OD I ANDOWNED!	СЕВТИ	TICATIO	N. Thin	woton:	woll was F	٦	netruoted Dass	netmatad	or Daluesed	
under my jurisdiction an	d was completed on (n	o-day-vea	r1CA 11U. ar)	14: 1 ms /	water ' and th	wen was L is record i	_ CO	nisu ucteu, [] Fect ie to the best of m	nistructed, v knowled	or □ prugged oe and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was con	nnle	ted on (mo-day-v	ear)	ge and belief.	
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 ar	d Environment, Bureau of V	Vater, Geolog	gy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Tope	ka, Kansas 66612-136	7. Telephon	e 785-296-3565.	

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