

WATER WELL R ☐ Original Record ☐		W W C-5		0000		ion of Water	- 1		Wall ID		
1 LOCATION OF WA		e in Well U	se			rces App. N		Torreshin Numb	Well ID	ana Numban	
	Fraction 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb	er Rai	Range Number R □ E □ W		
County:		/4 /		r D11110	1 Addragg	whou					
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:									
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	L Donth(c) (Proundwater Encountered: 1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4)										
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
	 below land surface, 	/-yr)			PS (t	ınit make/model:)			
- XNW NE	above land surface, measured on (mo-day-yr)						(V	WAAS enabled? □	Yes 🗆 l	√o)	
^	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp Well water was ft.					Online Mapper:					
SW SE	after hours										
	Estimated Yield:			. gpm				:ft	. 🔲 Ground	d Level 🔲 TOC	
S	Bore Hole Diameter: in. to				nd Source: ☐ Land Survey ☐ GPS ☐ Topographic Ma						
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. 🗌 Public Wa	ter Supply:	well ID			10. 🔲 Oil	l Fiel	ld Water Supply: 16	ease		
☐ Household	6. ☐ Dewatering: how many wells?										
☐ Lawn & Garden	<u> </u>										
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?											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
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)											
☐ 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 ft. to ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Dement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible											
☐ Septic Tank	☐ Lateral Line		Pit Privy			ivestock Per			cide Storage		
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line	es		Feedyard		⊔F	ertilizer Stor	rage	☐ Oil We	ll/Gas Well		
Direction from well?								ft			
10 FROM TO	LITHOLOG		ance mom v	FRO				HO. LOG (cont.) or		GINTERVALS	
10 1 KOM 10	EITHOLOG	JIC LOG		TRO	171	10	LIII	110. LOG (cont.) of	LUGGII	GIVILIVILIS	
				Notes	s:						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	co	nstructed, \square reco	onstructed,	or plugged	
under my jurisdiction an	d was completed on (m	no-day-yea	ar)		and th	nis record is	s tru	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Con	tractor's License No		This W	ater Well	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.											

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