

WATER WELL RI ☐ Original Record ☐		W W C-5		0-10-1		ion of Wate			Wall ID		
		e in Well U				rces App. N		Torreshin Numb	Well ID	a Numban	
1 LOCATION OF WATER WELL: County:		Fraction		⁄ ₄ 1⁄ ₄	Section Number		r	Township Numb		Range Number R	
- v		74 7	-	r Direc	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	Donth(s) Groundwater Engagetared: 1)					8,					
SECTION BOX:	\sum_{N} 2) ft. 3) ft., or 4) \square 1					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27					
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
							PS (ı	ınit make/model:	• • • • • • • • • • • • • • • • • • • •)	
NW NE								WAAS enabled? □		10)	
	Pump test data: Well water was ft. after hours pumping gpi							Survey Topogr			
E					☐ Online Mapper:						
\$W SE		pumpinggpm			6 Elevation:ft. Ground Level TOC						
	gpm										
S	Bore Hole Diameter:	ft. and	and Source: Land Survey GPS Topographic Map								
mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Water Supply: well ID										
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		-			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											
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											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111		. 11. 10		10., 1 10111					
☐ Septic Tank	□ Lateral Line	s [Pit Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storage	;	
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
10 FROM TO	LITHOLOG		ance from v	FRO						CINTEDVALS	
10 TROM TO	LITHOLOG	ole Log		TRO	IVI	10	LII	IIO. LOG (cont.) of	LUGGIN	UINTERVALS	
				Notes	s:	l.					
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	co	nstructed, 🗌 reco	onstructed,	or plugged	
under my jurisdiction an	d was completed on (m	no-day-ye	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 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