

WATER WELL RI		W W C-5		1410		ion of Wate			W-11 ID			
Original Record 1 LOCATION OF WA		e in Well U				rces App. N		Torrachin Numb	Well ID	ana Numban		
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W			
County: 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:										
3 LOCATE WELL	4 DEPTH OF COM	IPLETEI	WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engagement (1)					8,						
SECTION BOX:	$\frac{110N \text{ BOA:}}{N}$ 2) ft. 3) ft., or 4) \square 1					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
1	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface,			☐ G	PS (1	unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)							WAAS enabled?		√ (o)		
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map							
W E	afterhours pumpinggp: Well water wasft.					☐ Online Mapper:						
SW X - SE	after hours pumping g											
	Estimated Yield:		- 6F		6 Elevation:ft. Ground Level TOC							
S	Bore Hole Diameter: in. to ft				Source: Land Survey GPS Topographic Maj							
mile	in. to ft.											
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							ld Water Supply: 16				
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 PERFORA			. –				_					
☐ 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												
SCREEN-PERFORATED INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		,				,		20 00 111111				
☐ Septic Tank	☐ Lateral Line	s 🗆	Pit Privy		\Box L	ivestock Pe	ns	☐ Insection	cide Storage	;		
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Sto	rage	☐ Oil We	ell/Gas Well			
								C.				
Direction from well? 10 FROM TO	LITHOLOG		ance from v	FRO				tt. HO. LOG (cont.) or		C INTERVALE		
10 FROM TO	LITHOLOG	JIC LUG		FRU	IVI	10	LII	HO. LOG (cont.) of	PLUGGIN	GINTERVALS		
				Notes	S:	L						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	co	nstructed, 🗌 reco	nstructed,	or plugged		
under my jurisdiction an	d was completed on (m	no-day-yea	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