

WATER WELL RI		W W C-5		3020		ion of Water			Wall ID		
Original Record 1 LOCATION OF WA		e in Well U				rces App. N		Township Numb	Well ID	naa 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		74 7		r Direc	1 Addragg	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	ıde.			(decimal degrees)				
WITH "X" IN	Donth(s) Groundwater Engountered: 1)										
SECTION BOX:	2) ft., or 4)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27					
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	☐ below land surface,			Gl	PS (u	ınit make/model:	· • • • • • • • • • • • • • • •)			
NW NE	above land surface, measured on (mo-day-yr)							VAAS enabled?		No)	
	Pump test data: Well water was ft. after hours pumping gpr				☐ Land Survey ☐ Topographic Map						
W X E	Well water was ft.					☐ Online Mapper:					
SWSE	after hours pumping gpi										
	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	ft. and	Source: Land Survey GPS Topographic Map								
mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa							d 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	9. Environmental Remediation: Well ID Air Sparge Soil Vapor Ext										
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, 110111					
☐ Septic Tank	□ Lateral Line	s 🗆	Pit Privy		\Box L	ivestock Per	ns	☐ Insection	cide Storage	e	
☐ Sewer Lines	Cess Pool] Sewage L			uel Storage			oned Water		
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)											
10 FROM TO	LITHOLOG		ance from v	FRO				tt. HO. LOG (cont.) o		IC INTEDWALS	
10 FROM TO	LITHOLOG	JIC LUG		FRU	IVI	10	LHI	no. Log (cont.) of	PLUGGIN	UNIERVALS	
				Notes	S:						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	coı	nstructed, 🗌 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 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