

WATER WELL RI  ☐ Original Record ☐		W W C-5		0000		sion of Wate			Wall ID		
		e in Well U	se			irces App. N		Torradia Numb	Well ID	a Numban	
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4		⁄ <sub>4</sub> 1⁄ <sub>4</sub>	Section Number		r	Township Numb		Range Number R □ E □ W	
2 WELL OWNER: La		/4 /		r Diiro	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 'A' IN Denth(s) Groundwater Engountered: 1)					8,						
SECTION BOX:	$N$ 2) ft. 3) ft., or 4) $\square$					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27					
	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)					(					
NW   NE								WAAS enabled?		<b>1</b> 0)	
	Pump test data: Well water was ft. after hours pumping gpi				☐ Land Survey ☐ Topographic Map						
E E	Well water was ft.					Online Mapper:					
SW   SE	SW SE after hours pumpinggpm										
								n:ft. Ground Level TOC			
s	Bore Hole Diameter:	ft. and	and Source: Land Survey GPS Topographic Map								
mile	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							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	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			. –				_	0.1 (0.10)			
☐ 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		,				,		20 00 111111			
☐ Septic Tank	□ Lateral Line	s $\square$	Pit Privy		$\Box$ L	ivestock Pe	ns	☐ Insection	cide Storage	;	
☐ 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		nce from v	FRO				tt. HO. LOG (cont.) or		CINTEDVALC	
10 FROM TO	LITHOLOG	JIC LUG		FRU	IVI	10	LII	HO. LOG (cont.) of	PLUGGIN	GINTERVALS	
				Notes	::	L					
11 CONTRACTOR'S	OR LANDOWNER'S	<b>CERTIF</b>	ICATIO	N: This	water	well was	co	nstructed, 🗌 reco	nstructed,	or plugged	
under my jurisdiction an	d was completed on (m	no-day-yea	r)		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