

WATER WELL RI ☐ Original Record ☐		W W C-5		0721		sion of Water			Wall ID		
		e in Well I				irces App. N		Township Numb	Well ID	naa Numban	
1 LOCATION OF WATER WELL:		Fraction		/ ₄ 1/ ₄	Section Number		r	Township Numb	l l	Range Number R □ E □ W	
County:		74		r Duro	1 Addraga	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:										check here.	
Address:											
City:	State:	ZIP:									
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)										
SECTION BOX:	: 2) ft. 3) ft., or 4) ☐ I										
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)			PS (u	ınit make/model:)			
NW NE	above land surface, measured on (mo-day-yr) Pump test data: Well water was				Land			(WAAS enabled? ☐ Yes ☐ No) I Survey ☐ Topographic Map			
W A E	after hours pumping gpr					Online Mapper:					
SW SE	Well water was ft. after hours pumping gp										
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft										
1 mile				Other							
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden											
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?						
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot						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? ☐ Yes ☐ No											
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other											
Casing diameter in. to ft., Diameter in. to ft.											
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)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		,				,					
☐ Septic Tank	☐ Lateral Line	s [Pit Privy			ivestock Per	ıs	☐ Insection	cide Storag	e	
☐ Sewer Lines	Cess Pool		☐ Sewage L			Fuel Storage			oned Water		
☐ Watertight Sewer Line			☐ Feedyard		□ F	Fertilizer Stor	rage	☐ Oil We	ell/Gas Wel	1	
☐ Other (Specify)											
										IC DIFFERMAL C	
10 FROM TO	LITHOLOG	ilC LOG		FRO	M	TO	LIII	HO. LOG (cont.) or	r PLUGGII	GINTERVALS	
				Notes	~						
Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	CERTI	FICATIO	N. This	water	well was F	1 co	nstructed \square reco	netructed	or nlugged	
under my jurisdiction and	d was completed on (m	no-dav-ve	ar)	11112	water and th	nis record i	s frii	e to the best of m	v knowlea	, or pruggeu lge and belief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	plet	ted on (mo-day-v	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.											
KS Department of Health an	a Environment, Bureau of V	vater, Geolo	ogy Section, l	1000 SW Ja	ekson S	t., Suite 420, '	ı opel	ka, Kansas 66612-136	o/. Telephoi	ie /85-296-3565.	

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