

WATER WELL R.  ☐ Original Record ☐		WWC-5	0120			ion of Water	l l		Well ID		
1 LOCATION OF W	<u> </u>	e in Well Use Fraction				rces App. No		n Muund		aa Numbaa	
County:	1/4 1/4 1/4 1/4			Section Number		Township T	p Mullio S	R	ige Number □ E □ W		
2 WELL OWNER: La	First:			Durol	Address where well is located (if unknown, distance and						
Business:		om nearest town or intersection): If at owner's address, check here:									
Address:	direction from nearest to will of intersection). If we owner is address, enteriners .										
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WEI	I.I.:		ft	5 Latitud	de.			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				. 10.	ft. 5 Latitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1										
17	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
X	□ below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr)					GPS (unit make/model:)					
NW   NE					• • • • •		(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:					
SW   SE	after hours pumping gp										
	Estimated Yield:	5P		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic						
mile		ft.		☐ Other							
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well l									
Household	6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID										
☐ Lawn & Garden ☐ Livestock											
2. Irrigation	8. Monitoring: well ID						ermal: how ma				
3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Ext.				•••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		_				er (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected? $\square$ Yes $\square$ No											
8 TYPE OF CASING USED:  Steel PVC Other											
Casing diameter											
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:											
							Other (Spe	cify)	• • • • • • • • • • • • • • • • • • • •		
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		It., FIOIII	1	ι. ιο		It., FIOIII		.0	It.		
Septic Tank	Lateral Line	es 🔲 Pit Pr	ivv		□Li	ivestock Pen	s Г	l Insection	cide Storage		
☐ Sewer Lines	Cess Pool	☐ Sewa				uel Storage			oned Water		
☐ Watertight Sewer Lin		☐ Feedy	ard		☐ Fe	ertilizer Stor	age 🗆	Oil We	ll/Gas Well		
☐ Other (Specify)											
			om we								
10 FROM TO	LITHOLOG	FIC LOG		FROM	1	TO I	LITHO. LOG (	cont.) oi	PLUGGIN	G INTERVALS	
					_						
					_						
					_						
					_						
				Notes:							
110165.											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged											
under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Con	tractor's License No	Thi	is Wat	er Well I	Recor	rd was com	pleted on (mo	o-day-y	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.											
Iso Department of Health at	Durcau Of V	. a.c., Geology Beeti	, 100	D II JACK	JOH DL	., 50110 720, 1	Terra, ramons (		rerephone	. , 55 276 5565.	