

WATER WELL RI ☐ Original Record ☐		W W C-5		1000		sion of Water			Wall ID		
		e in Well I				rces App. No		Township Numb	Well ID	n an Numban	
1 LOCATION OF WATER WELL: County:		Fraction		/ ₄ 1/ ₄	Section Number		ſ	Township Numb T S		Range Number R □ E □ W	
- v		/4 /		r Duro	1 Addross v	vhor	_ ~				
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	de.			(decimal degrees)				
WITH "X" IN	L Donth(c) (Proundwater Encountered: 1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I					Editate:(decimal degrees)					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
						□GF	PS (ui	nit make/model:)	
NW NE							(W	/AAS enabled?	Yes 🗆 l	No)	
	Pump test data: Well water wasft. afterhours pumpinggp Well water wasft.							Survey Topographic Map			
WE						☐ Online Mapper:					
SW SE	after hours										
	Estimated Yield:					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to f									opographic Map	
1 mile		ft.		Other							
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. ☐ Dewatering: how many wells?										
☐ Lawn & Garden	awn & Garden 7. ☐ Aquifer Recharge: well ID										
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID					a) Closed Loop _ Horizontal Uvertical					
. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	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?											
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:											
☐ 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		,				ŕ					
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Pen	ıs		cide Storage		
☐ Sewer Lines	☐ Cess Pool		☐ Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		☐ F	ertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
										IC INTERMALC	
10 FROM TO	LITHOLOG	JIC LUG		FRO	M	TO	LIIH	IO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				+							
				+							
				Notes	2.0						
110005											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (m	no-dav-ve	ar)		and th	nis record is	s true	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont	tractor's License No		This W	ater Well	l Reco	ord was com	iplete	ed on (mo-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 an										e 785-296-3565	
Population of Health at	a Liiviioiiiiciii, Duitau Ol V	, au, UCUIC	, ₅ , 50000011, 1	OUG DIN Jak	C HOGA	, Duite +20, I	·obck	.u, 1xu11505 00014-130	,,. rerepnon	0 , 00 270-000.	

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