

| WATER WELL RI | | W W C-5 | | 1000 | | sion of Wate | | | Wall ID | | |
|---|--|----------------|---|----------------|--|--|---------------|----------------------------|-----------------------|----------------|--|
| Original Record 1 LOCATION OF WA | | e in Well U | se | | | irces App. N | | Torrachia Numb | Well ID | ana Numban | |
| | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | r | Township Numb | er Ran | nge Number □ E □ W | | |
| County: | | 74 7 | | r Direc | 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 | 4 DEPTH OF COM | | ft | 5 Latitu | ıde. | | | (decimal degrees) | | | |
| WITH "X" IN | ft. | | | | | | | | | | |
| 2) ft. 3) ft., or 4) | | | | | Dry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | ft. Source for Latitude/Longitude: | | | | | |
| | below land surface, | | | ☐ G | PS (1 | unit make/model: | |) | | | |
| NW NE | above land surface, measured on (mo-day-yr) | | | | | | | WAAS enabled? | | √o) | |
| | Pump test data: Well water wasft. afterhours pumpinggpn | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E | Well water was ft. | | | | | ☐ Online Mapper: | | | | | |
| SW SE | after hours pumping | | | | n | | | | | | |
| | Estimated Yield:gp | | | | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: | ft. and | and Source: Land Survey GPS Topographic Map | | | | | | | | |
| mile | in. to ft. | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: | 5. Public Wa | | | | | | | ld 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 | ☐ Air Sparge ☐ Soil Vapor Exti | | | | | 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 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 | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Nearest source of possible | | . 10., 1 10111 | •••••• | . 11. 10 | | 10., 1 10111 | | | | | |
| ☐ Septic Tank | Lateral Line | s \square | Pit Privy | | | ivestock Pe | ns | ☐ Insection | cide Storage | è | |
| ☐ Sewer Lines | ☐ Cess Pool | | Sewage La | | □F | uel Storage | | | oned Water | | |
| ☐ Watertight Sewer Line | | | Feedyard | | ☐ F | ertilizer Sto | rage | ☐ Oil We | ll/Gas Well | | |
| ☐ Other (Specify) | | | | | | | | | | | |
| | | | ance from w | | | | | | | C DIEEDMALC | |
| 10 FROM TO | LITHOLOG | JIC LUG | | FRO | M | ТО | LH | HO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| | | | | | | | | | | | |
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| | | | | Notes | S: | | | | | | |
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| | | | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNER'S | S CERTII | FICATIO | N: This | water | well was [| co | onstructed, \square reco | onstructed, | or plugged | |
| under my jurisdiction and | d was completed on (m | no-day-yea | ar) | | 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 | end one copy to WATER W | ELL OWNE | R and retain | one for vo | ir recor | ds Fee of \$5 | | or each constructed my | | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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