

WATER WELL RECOR		WWC-5		5050		ion of Water		W 11 ID			
Original Record Correc		e in Well Use		1		rces App. No		Well ID	N. 1		
		Fraction	17. 17	4 14	Secti	on Number	1		ge Number		
County:			1/4 1/4		D	1 4 11	T S	R	□E □W		
2 WELL OWNER: Last Name: Business:	First:					al Address where well is located (if unknown, distance and earest town or intersection): If at owner's address, check here:					
Address:				direction	in from hearest town of intersection). If at owner's address, check here.						
Address:											
City:	State:	ZIP:									
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					ft	5 Latitue	le·		(decimal degrees)		
WITH "A" IN Double (a) Cooper deviation Encountered (1)											
SECTION BOX: 2) ft. 3) ft., or 4)											
WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:						
below land surface, measured on (mo-day-yr					<b>—</b> • • • (••••• • • • • • • • • • • • • •						
above land surface, measured on (mo-day-y					(1) 10 10 10 10 10 10 10 10 10 10 10 10 10						
Pump test data: Well water was					☐ Land Survey ☐ Topographic Map						
W E a	Well water was f				☐ Online Mapper:						
SW SE a	after hours pumping gpi										
	Estimated Yield:gpm				<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC						
S Bore Hole Diameter: in. to				ft. and							
	1 mile  in. to 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         7. ☐ Aquifer Recharge: well ID           ☐ Livestock         8. ☐ Monitoring: well ID											
.  Irrigation											
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex						b) Open Loop  Surface Discharge  Inj. of Water					
4. ☐ Industrial ☐ Recovery ☐ Injection							er (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 JOINTS: Glued Clamped Welded Threaded											
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 ft. to ft., From ft., From ft., From ft. to ft.											
9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other											
Grout Intervals: From											
Nearest source of possible contamination:											
Septic Tank	Lateral Line		it Privy			ivestock Pen		icide Storage			
□ Sewer Lines     □ Cess Pool     □ Sewage Lagoon     □ Fuel Storage     □ Abandoned Water Well       □ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well											
Other (Specify)											
Direction from well?		Distano	e from w	 ell?			f	t.			
10 FROM TO	LITHOLOG			FRO			ITHO. LOG (cont.) o		G INTERVALS		
				+							
				Notes							
				- Notes	••						
				-							
11 CONTRACTOR'S OR LA	ANDOWNER'S	S CERTIFIC	CATIO	N: This v	water v	well was $\square$	constructed. □ rec	onstructed.	or plugged		
under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Contractor'	s License No		This W	ater Well	Reco	rd was com	pleted on (mo-day-y	year)			
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