

WATER WELL R  ☐ Original Record ☐		W W C-5	1200			ion of Water	I		Well ID		
	<u> </u>	e in Well Use Fraction				rces App. No		un ahim Mumah		a a Numbar	
1 LOCATION OF WATER WELL: County:				1/4	Section Number			Township Number		Range Number R □ E □ W	
2 WELL OWNER: La				Duro	al Address where well is located (if unknown, distance and						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown direction from nearest town or intersection): If at owner's address.											
Address:											
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL:					ft. 5 Latitude:(decimal degrees)					
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I										
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
below land surface, measured on (mo-day-						☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)					
NW NE											
	Pump test data: Well water wasft.  afterhours pumpinggp					☐ Land Survey ☐ Topographic Map					
W E						☐ Online Mapper:					
SW X SE	Well water was ft. after hours pumping gpm										
	Estimated Yield:gpm					<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC					
S		ole Diameter: in. to				Source:	Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
mile	1 mile					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well				10. 🔲 Oil	Field Wa	ater Supply: 16	ease		
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID										
Livestock	8. Monitoring: well ID							ow many bores			
2. ☐ Irrigation 3. ☐ Feedlot	<ol> <li>9. Environmental Remediation: well ID</li> <li>☐ Air Sparge</li> <li>☐ Soil Vapor Ext</li> </ol>				••••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial						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											
Casing diameter											
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		II., From	I	τ. το		п., From .		It. to	It.		
Septic Tank	□ Lateral Line	s 🔲 Pit P	Privv		ПБ	ivestock Pen	ıs.	□ Insecti	cide Storage		
Sewer Lines	☐ Cess Pool	☐ Sewa				uel Storage			oned Water		
☐ Watertight Sewer Lin						ertilizer Stor	age		ll/Gas Well		
Other (Specify)											
Direction from well?			rom we								
10 FROM TO	LITHOLOG	GIC LOG		FROM	1	TO 1	LITHO. I	LOG (cont.) or	PLUGGIN	G INTERVALS	
				Notone							
Notes:											
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	Th	nis Wat	ter Well l	Reco	rd was com	pleted o	n (mo-dav-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 ar	nd Environment, Bureau of W	vater, Geology Sec	tion, 100	JU SW Jack	son St	t., Suite 420, T	opeka, Ka	ansas 66612-136	/. Telephon	e /85-296-3565.	