

WATER WELL R ☐ Original Record ☐		W W C-5	1200			ion of Water			Well ID		
		e in Well Use Fraction				rces App. No		unchin Numb		nga Numbar	
1 LOCATION OF WATER WELL: County:				1/4	Section Number		100	Township Number T S		Range Number R □ E □ W	
2 WELL OWNER: La						Il Address where well is located (if unknown, distance and					
Address:	direction from measure own or intersection). If all owners a decireos, effects from										
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WE	LL:		. ft.	5 Latitu	de.			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				ft. Longitude:(decimal degrees)						
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I										
11	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	☐ below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)					
NW NE					• • • • •						
^	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:	8	-Pili		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topograph						
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well				10. 🔲 Oil	Field W	ater Supply: 16	ease		
☐ Household	6. ☐ Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID										
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2. ☐ Irrigation 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		_	xtraction							
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
8 TYPE OF CASING USED: Steel PVC Other											
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)											
	☐ Key Punched ☐ W					ne (Open Ho					
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		It., From	1	t. to	• • • • • •	It., From .		It. to	It.		
Septic Tank	E containmation: ☐ Lateral Line	es 🔲 Pit P	rivv		Пт	ivestock Pen	ic.	□ Insecti	cide Storage	2	
Sewer Lines	☐ Cess Pool	Sewa		oon		uel Storage			oned Water		
☐ Watertight Sewer Lin						ertilizer Stor	age		ll/Gas Well		
	1 C				_		U				
Direction from well?			rom we								
10 FROM TO	LITHOLOG	GIC LOG		FROM	1	TO 1	LITHO.	LOG (cont.) or	PLUGGIN	IG INTERVALS	
				N7 4							
Notes:											
11 CONTRACTORS	OD I ANDOWNED!	CEDTIFICA	TION	 • This	otor -	wall was F	lagnata	loted 🗆 🗝 ===	netmatad	or Daluesed	
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	na ui Recoi	rd was com	nleted o	on (mo-day-y	y Knowied ear)	ge and bellet.	
under the business name	e 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 as	nd Environment, Bureau of W	Vater, Geology Sec	tion, 100	00 SW Jack	son St	t., Suite 420, T	opeka, K	ansas 66612-136	7. Telephon	e 785-296-3565.	