

WATER WELL R.  ☐ Original Record ☐		WWC-5	0110			on of Water	l l		Well ID			
		e in Well Use Fraction				rces App. No		schin Numb		aga Numbar		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4		1/4	Section Number			Township Number		Range Number R		
2 WELL OWNER: Last Name:		First:			Durol	l Addross v						
Business:		ral Address where well is located (if unknown, distance and nearest town or intersection): If at owner's address, check here:										
Address:												
Address:												
City:	State:	ZIP:				T						
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL:					ft. <b>5 Latitude</b> :(decimal degrees)						
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:						
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 gr											
	Estimated Yield:					<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to					Source: Land Survey GPS Topographic Map						
mile	1 mile  in. to ft.							☐ Other				
7 WELL WATER TO BE USED AS:												
1. Domestic:		ter Supply: well l										
Household	6. Dewatering: how many wells?											
Lawn & Garden	7. Aquifer Recharge: well ID											
☐ Livestock 2. ☐ Irrigation	8. Monitoring: well ID											
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												
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? $\square$ Yes $\square$ No												
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:												
								(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		It., FIOIII	1	ι. ιο		It., FIOIII		. 11. 10	Il.			
Septic Tank	Lateral Line	es 🔲 Pit Pr	ivv		□Li	ivestock Pen	s	□ Insection	cide Storage	<u>}</u>		
☐ Sewer Lines	Cess Pool	☐ Sewa				iel Storage			oned Water			
☐ Watertight Sewer Lin		☐ Feedy	ard		☐ Fe	ertilizer Stor	age	☐ Oil We	ll/Gas Well			
☐ Other (Specify)												
			om we									
10 FROM TO	LITHOLOG	FIC LOG		FROM	l	TO I	LITHO. LO	JG (cont.) of	PLUGGIN	G INTERVALS		
					-							
					-					_		
					-							
					-							
				Notes:								
110005												
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	Thi	is Wat	er Well I	Recor	rd was com	pleted 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 and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.												
Les Department of Health at	Liiviioiiiiciii, Duicau 01 V	, a.c., Ocology Secti	JII, 100	O D II Jack	our ot.	., Duite 740, I	opena, Kall	.545 00012-130	,,. rerepiion	,, 00 270-0000.		