

WATER WELL R  ☐ Original Record ☐		W W C-5	1202	- 1		on of Water			Well ID		
	<u> </u>	e in Well Use Fraction				rces App. No		ownship Numb		aga Numbar	
1 LOCATION OF WATER WELL: County:				1/4	Section Number		10	ownship Numb T S		Range Number R	
2 WELL OWNER: La	First:			Duro1	al Address where well is located (if unknown, distance and						
Business:		nearest town or intersection): If at owner's address, check here:									
Address:											
Address:											
City:	State:	ZIP:				Т					
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 pours pumping gp										
	Estimated Yield:	5P		6 Elevation:ft. Ground Level TOC							
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topog						
mile	in. to ft.						Other				
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well						Water Supply: 16			
Household	6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID										
Lawn & Garden											
☐ 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	☐ Recovery		_					ecify):			
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:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
	☐ Key Punched ☐ W					ne (Open Ho		6 E	<b>C</b>	c	
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		11., 140111	1	ι. ιυ	• • • • • • •	11., 140111 .		11. 10	11.		
Septic Tank	Lateral Line	s 🔲 Pit P	rivv		□Li	ivestock Pen	ıS	☐ Insection	cide Storage	<b>;</b>	
Sewer Lines	Cess Pool	☐ Sewa				iel Storage			oned Water		
☐ Watertight Sewer Lin					☐ Fe	ertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
			rom we							C DIMEDILAL C	
10 FROM TO	LITHOLOG	FIC LOG		FROM	l.	TO 1	LITHO	o. LOG (cont.) or	PLUGGIN	G INTERVALS	
				Notes:							
110603											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged											
under my jurisdiction an	nd was completed on (m	no-dav-vear)		a	nd th	is record is	true t	o the best of m	v knowled	ge and belief.	
Kansas Water Well Con	tractor's License No	Th	nis Wat	er Well F	Recor	rd was com	pleted	l on (mo-day-ye	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.											
Lo Department of Health at	La Livironnicht, Dureau Of V	, a.c., Geology Bee	, 100	O D II Jack	oon ot.	., Duite +20, I	орска,	- Lansus 00012-130	,,. rerepiion	,, 00 270-0000.	