

WATER WELL RI  ☐ Original Record ☐		W W C-5		2020		ion of Wate			Wall ID			
		e in Well U	se			rces App. N		Torreshin Numb	Well ID	a Numban		
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4		/ <sub>4</sub> 1/ <sub>4</sub>	Section Number		r	Township Numb		Range Number R □ E □ W		
County:  2 WELL OWNER: La		/4 /		r Duro	1 Addross	who						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:												
Address:										check here.		
Address:												
City:	State:	ZIP:										
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	WITH 'A' IN  Donth(s) Groundwater Engeuntered: 1)					8						
SECTION BOX:	110N BOX: $(2)$					Ory Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface,				PS (ı	ınit make/model:	• • • • • • • • • • • • • • • • • • • •	)				
NW   NE	above land surface, measured on (mo-day-yr)							WAAS enabled?   □		10)		
	Pump test data: Well water was ft. after hours pumping				☐ Land Survey ☐ Topographic Map							
E E	Well water was ft.					☐ Online Mapper:						
SW   SE	after hours pumping g											
	Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC						
S	Bore Hole Diameter: in. to ft				nd Source: Land Survey GPS Topographic Map							
mile	in. to ft.							Other	•••••			
7 WELL WATER TO BE USED AS:												
1. Domestic:												
Household	6. ☐ Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	<u> </u>											
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot												
4. ☐ Industrial	☐ Recovery		Injection		-			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 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												
Grout Intervals: From												
Nearest source of possible		. 10., 1 10111		. 11. 10		10., 1 10111						
☐ Septic Tank	☐ Lateral Line	s $\square$	Pit Privy		$\Box$ L	ivestock Per	ns	☐ Insection	cide Storage	;		
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water			
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ance from v	FRO				tt. HO. LOG (cont.) or		CINTEDVALC		
10 FROM TO	LITHOLOG	JIC LUG		FRU	IVI	10	LIII	HO. LOG (COIII.) OI	PLUGGIN	GINTERVALS		
				Notes	S:							
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTII	FICATIO	N: This	water	well was	co	nstructed, 🔲 reco	onstructed,	or plugged		
under my jurisdiction an	d was completed on (m	no-day-yea	ar)		and th	nis record i	s tru	e to the best of m	y knowled	ge and belief.		
Kansas Water Well Cont												
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