

WATER WELL RI		W W C-5		0-100		sion of Wate			W-11 ID			
		e in Well U				irces App. N		Torreshin Numb	Well ID	a Numban		
1 LOCATION OF WATER WELL: County:		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		
- v		/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:												
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engagement (1)					8						
	SECTION BOX: ft 3) ft or 4)					Dongitude:(decimal degrees)						
N	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:							
								ınit make/model:		)		
NW NE						_	(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water wasft.  afterhours pumpinggp  Well water wasft.  afterhours pumpinggp							Survey 🔲 Topogr				
WE						Online Mapper:						
SW SE												
					6 Elevat	tion	n:ft. ☐ Ground Level ☐ TOC					
S	Estimated Yield:gpm  S Bore Hole Diameter:in. to							Land Survey				
1 mile			□ O4h - ::									
1 mile  in. to ft. Uniter												
1. Domestic: 5. Public Water Supply: well ID												
☐ Household	6. Dewatering: how many wells?											
Lawn & Garden										ıl		
☐ Livestock	8. Monitoring: well ID											
2. Irrigation	9. Environmental Remediation: well ID											
3. Feedlot						b) Open Loop ☐ Surface Discharge ☐ Inj. of Water  13. ☐ Other (specify):						
4. Industrial	Recovery	Ш	Injection			13. ∐ Otl	her (	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 ft., Diameter ft., Diameter ft.												
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												
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other												
Grout Intervals: From										,		
Nearest source of possible		. 10., 1 10111		. 11. 10		, 110111						
☐ Septic Tank	Lateral Line	s [	Pit Privy			ivestock Per	ns	☐ Insection	cide Storage	;		
Sewer Lines	Cess Pool		Sewage L	agoon		uel Storage			oned Water			
☐ Watertight Sewer Line			Feedyard		$\Box$ F	ertilizer Sto	rage	☐ Oil We	ll/Gas Well			
☐ Other (Specify)												
			ance from v									
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
				NT 4								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction an	d was completed on (n	o-dav-ve	r ICA HO ar)	14: 1 ms /	water ' and th	wen was L	յ co	nsuucieu, ∐ rec( e to the best of m	nistructed, v knowlad	or □ prugged		
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	rd was con	o u u nplei	ted on (mo-day-v	ear)	ge and bener.		
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 ar	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	000 SW Jac	ckson S	t., Suite 420,	Tope	ka, Kansas 66612-136	7. Telephon	e 785-296-3565.		

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html