

WATER WELL RI ☐ Original Record ☐		W W C-5		0100		sion of Wate			Wall ID		
1 LOCATION OF WA		e in Well U				irces App. N		Torreshin Numb	Well ID	ana Numban	
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
2 WELL OWNER: La		/4 /		r Diiro	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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN Depth(s) Groundwater Encountered: 1)					8,						
SECTION BOX:	SECTION BOX: $(1, 2)$ ft or (1)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)			PS (ı	ınit make/model:)			
NW NE	□ above land surface, measured on (mo-day-yr) Pump test data: Well water was				Land			(WAAS enabled? ☐ Yes ☐ No) I Survey ☐ Topographic Map			
WE						☐ Online Mapper:					
SW SE			er was It. umping gpm								
	X Estimated Yield:						6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to								☐ GPS ☐ Topographic Map		
1 mile			D Other								
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden											
☐ 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 in. to 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)											
								Other (Specify)	• • • • • • • • • • • • • • • • • • • •		
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIA											
Grout Intervals: From											
Nearest source of possible		. 10., 1 10111	••••••	. 10. 00		, 110111					
☐ Septic Tank	☐ Lateral Line	s [Pit Privy		□L	ivestock Per	ns	☐ Insection	cide Storage	è	
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)											
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 and	d was completed on (m	o-dav-ve	r ICA HO ar)	14: 1 ms '	water ' and th	wen was L	_ CO Տ tru	nsuucieu, ∐ rec(e to the best of m	nistructed, v knowled	or □ prugged ge and helief	
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 belief.	
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 an	d Environment, Bureau of V	Vater, Geolo	gy Section, 1	000 SW Jac	ckson S	t., Suite 420,	Tope	ka, Kansas 66612-136	Telephon	e 785-296-3565.	

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