

WATER WELL RI		W W C-5		37 00		ion of Water	- 1		Wall ID			
		e in Well Us	e			rces App. N		Township Numb	Well ID	naa Numban		
1 LOCATION OF WATER WELL: County:		Fraction		4 1/4	Section Number		Γ	Township Numb		Range Number R □ E □ W		
- v	•	/4 /		r Duro	1 Addross v	whor	- ~					
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:				T						
3 LOCATE WELL		ft	5 Latitu	de.			(decimal degrees)					
WITH "X" IN	H "A" IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX:	2) ft. 3) ft., or 4) \square \square				y Well Datum: WGS 84 NAD 83 NAD 27 ft. Source for Latitude/Longitude:							
1	WELL'S STATIC WATER LEVEL:											
	below land surface,		Gradient management)				
NW NE	above land surface, measured on (mo-day-yr)				• • • • • • • • • • • • • • • • • • • •			VAAS enabled? □		No)		
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map							
E E	after hours pumping gpi Well water was ft.					Online Mapper:						
SW SE	after hours pumping gp											
	Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter:	ft. and	Source: Land Survey GPS Topographic Map									
mile	in. to ft.											
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Water Supply: well ID											
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot	9. Environmental Remediation: well ID Air Sparge Soil Vapor Extra					b) Open Loop Surface Discharge Inj. of Water						
4. Industrial	☐ Recovery		njection	2	-			specify):				
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)												
□ 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		101, 1 10111 11				,						
☐ Septic Tank	□ Lateral Line	s 🔲 🛚	Pit Privy		\Box L	ivestock Per	ıs	☐ Insection	cide Storage	e		
☐ Sewer Lines	☐ Cess Pool		Sewage La			uel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water			
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	Į		
☐ Other (Specify)												
10 FROM TO	LITHOLOG		ice from w	FRO				1t. HO. LOG (cont.) 01		IC INTEDWALS		
10 FROM TO	LITHOLOG	JIC LUG		FRO	IVI	10	LIII	10. LOG (cont.) of	PLUGGIN	UNIERVALS		
				Notes	:	<u> </u>						
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	[CATIO]	N: This v	water v	well was	coı	nstructed, 🗌 reco	onstructed,	or plugged		
under my jurisdiction an	d was completed on (m	no-day-year)		and th	is record is	s true	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