

WATER WELL RI  ☐ Original Record ☐		WWC-5		5500		ion of Water		J Wall I	m	
		e in Well Use	1	T		rces App. No		Well I		
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		4 1/4	Section Number		Township Num		Range Number ☐ E ☐ W	
2 WELL OWNER: La		/4 /4		r Duro	1 Addross v					
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:								
3 LOCATE WELL	4 DEPTH OF COM		ft	5 Latitud	do.		(decimal degrees)			
WITH "X" IN	Donth(s) Groundwater Engountered: 1)				8,					
SECTION BOX:	2) ft. 3) ft., or 4) $\square$ I									
N	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)						S (unit make/model:		)	
NW NE								WAAS enabled?  Yes  No)		
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
W E	after hours pumping gpr					☐ Online Mapper:				
SW   SE	Well water wasft. after hours pumping gpi									
	Estimated Yield:	. gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to ft									
1 mile	in. to ft.					Other				
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
☐ Household	6. ☐ Dewatering: how many wells?									
Lawn & Garden										
☐ Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?				
2. Irrigation	9. Environmental Remediation: well ID									
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (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 JOINTS: Glued Clamped Welded Threaded										
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 ft., from ft., From ft., From ft.										
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		10., 1 10111				
☐ Septic Tank	Lateral Line	s $\square$ P	it Privy		☐ L	ivestock Pen	s 🔲 Insec	ticide Stor	age	
Sewer Lines	Cess Pool		ewage La	agoon		uel Storage		doned Wa		
☐ Watertight Sewer Line		□ F	eedyard		$\Box$ F	ertilizer Stor	age 🗌 Oil V	Vell/Gas W	<sup>7</sup> ell	
☐ Other (Specify)										
			ce from w							
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO I	LITHO. LOG (cont.)	or PLUGC	SING INTERVALS	
				<b>N</b> T 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-day-vear)	CATIO	IN: IMS V	vater v and th	wen was L	true to the best of	onstructe	or □ prugged	
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was com	pleted on (mo-day-	vear)		
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