

WATER WELL RI		W W C-5		10-10		ion of Water			W-11 ID		
		e in Well U	se			rces App. N		Township Numb	Well ID	naa 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		/ ₄ 1/ ₄	Section Number		r	Township Numb		Range Number R □ E □ W	
- v	•	/4 /		. D.1.00	1 Addross r	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:										check here.	
Address:											
City:	State:	ZIP:				T					
3 LOCATE WELL	4 DEPTH OF COM	IPLETED	WELL:		ft	5 Latitu	de.			(decimal degrees)	
WITH "X" IN	Danth(s) Groundwater Engountered: 1)					8,					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27					
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface,					nit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)				• • • • • • •			VAAS enabled? □		No)	
	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										
	Estimated Yield:			- 6F				on:ft. Ground Level TOC			
S	Bore Hole Diameter: in. to ft				nd Source: Land Survey GPS Topographic Ma						
mile								Other	•••••		
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa							d Water Supply: 16			
Household	6. Dewatering: how many wells?										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID										
2. Irrigation	8. Monitoring: well ID										
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extr					b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Industrial	☐ Recovery		njection		=			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 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 PERFORA			. –								
☐ 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. to ft., From ft., From ft.											
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	ıs	☐ Insection	cide Storage	e	
☐ Sewer Lines	☐ Cess Pool		Sewage L			uel Storage		· · · · · · · · · · · · · · · · · · ·	oned Water		
☐ Watertight Sewer Line			Feedyard		\square F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	Į	
								C.			
Direction from well? 10 FROM TO	LITHOLOG		nce from v	FRO				1t. HO. LOG (cont.) 01		IC INTEDWALS	
10 FROM TO	LITHOLOG	JIC LUG		FRU.	IVI	10	LIII	10. LOG (cont.) of	PLUGGIN	UNIERVALS	
				Notes	s:	<u> </u>					
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIF	ICATIO	N: This v	water	well was	coı	nstructed, 🗌 reco	onstructed,	or plugged	
under my jurisdiction an	d was completed on (m	no-day-yea	r)		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