Bureau of Water
Geology & Well Technology Unit
1000 SW Jackson, Ste. 420
Topeka, KS 66612-1367

UHS FACILITY
MONTHLY VISUAL WELLHEAD INSPECTION REPORT

Company Name:	
Facility Name:	
Month & Year:	
Authorized Signatory (Date):	
Authorized Signatory (Printed Name):	
Authorized Signatory (Title):	
Authorized Signatory (Signature):	
This report must be kept on file by the facility and made available to KDHE upon request. Authorized Signatory must sign completed form.	

Well ID:	**Date of Inspection:**	**Person Conducting Inspection:**	**Visual Inspection** (Describe any leakage from pipes or leakage on ground surface, any corrosion of wellhead, including paint condition and gauge condition):

Bureau of Water
Geology & Well Technology Unit
1000 SW Jackson, Ste. 420
Topeka, KS 66612-1367

Well ID:	**Date of Inspection:**	**Person Conducting Inspection:**	**Visual Inspection** (Describe any leakage from pipes or leakage on ground surface, any corrosion of wellhead, including paint condition and gauge condition):