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<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: City, State ZIP Code:	<input type="checkbox"/> GPS unit (Make/Model: _____)
	<input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey <u>Est. Accuracy:</u> <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m

**5 TYPE OF BLANK CASING USED:**

☐ Steel      ☐ RMP (SR)      ☐ Wrought      ☐ Fiberglass      ☐ Other (Specify below)  
☐ PVC      ☐ ABS      ☐ Asbestos-Cement      ☐ Concrete Tile      \_\_\_\_\_

Blank casing diameter \_\_\_\_\_ in.      Was casing pulled? Yes ☐ No ☐      If yes, how much \_\_\_\_\_

Casing height above or below land surface \_\_\_\_\_ in.

[illegible]

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

**Revised 1/29/2014**