1		Fraction	Section 1	Number	Township Number	Range Number
	County: Street/Burel Address of Well Locations		1/4 Global Pos	sitioning	T S Systems (GPS) infor	E` mation:
	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address,		Global Positioning Systems (GPS) information: Latitude:(in decimal degrees			
	check here			Longitude:(in decimal degrees		
	_		Datum:	\square WC	SS84,	. □ NAD27
			Collection	Method:		
2	WATER WELL OWNER:				ce/Model:	
	RR#, St. Address, Box #: City, State ZIP Code:		☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ $< 3 \text{ m}$, ☐ $3-5 \text{ m}$, ☐ $5-15 \text{ m}$, ☐ $> 15 \text{ m}$			
	City, State Zii Code.	1	Est. Accurac	<u>су</u> : Ц <	3 m, □3-5 m, □	5-15 m,
3	MARK WELL'S LOCATION		ft.			
W	WITH AN "X" IN SECTION BOX: WELL'S STATIC		ATER LEVEL ft			
	N	WELL WAS USED A				
	NW NE	Domestic	¬	latar Cunn	ly Days	toring
	Irrigation Oil Field Water Supply Monitoring					
	E Feedlot			Domestic (Lawn & Garden) Injection Well		
	SW SE	☐ Industrial ☐	☐ Air Cond	litioning	☐ Other	·
	Was a chemical/bacteriological sample submitted to Department? Yes No					
	TYPE OF DIANK CASING USED.					
5	TYPE OF BLANK CASING USED:					
	Steel RMP (SR) Wrought Fiberglass Other (Specify below)					
	PVC ABS					
	Blank casing diameter in. Was casing pulled? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \) If yes, how much					
	Casing height above or below land surface in.					
6	GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other					
	Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft.					
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Other (specify below)					
	Sewer lines Pit privy Fertilizer storage					
	Watertight sewer lines S	icide storage oned water well Direction from well?				
	Lateral lines F Cess pool L	oned water well Direction from well?				
		1 —			•	
	FROM TO PLUC	GGING MATERIALS	FROM	TO	PLUGGING	MATERIALS
	CONTRACTOR'S OR LANDOV					
con	npleted on (mo/day/year) Il Contractor's License No	and this rec	ord is true to	the best	of my knowledge an	d belief. Kansas Wa
we bus	iness name of	Inis water well I	cecora was co bv (sig	ompieted (mature)	on (mo/day/year)	under t
Se	nd one white copy to Kansas Depart	ment of Health & Environme and one copy to WATER WI				
		end one copy to WAIER WE p://www.kdheks.gov/waterw				
	, ion as at <u>inc</u>			_ 1010p		
		TZC A	.82a-1212			Revised 1/29/201