

WATER WELL RI ☐ Original Record ☐				0122		sion of Wate			Wall ID		
1 LOCATION OF WA		e in Well I				irces App. N		Township Numb	Well ID		
	Fraction 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb	er Ra	nnge Number □ E □ W		
County:		/4 ,		r Duro	1 Addross	who	- "				
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 Latitu	ıde.			(decimal degrees)			
WITH "X" IN	Donth(s) Groundwater Engagetared: 1)					8,					
SECTION BOX:	2) ft., or 4)					Dry Well Datum: \(\text{WGS 84} \) \(\text{NAD 83} \) \(\text{NAD 27} \)					
14	WELL'S STATIC WATER LEVEL:				t. Source for Latitude/Longitude:						
	☐ below land surface,			G	PS (ı	ınit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)				• • • • • • •			WAAS enabled?			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gpr Well water was ft.					☐ Online Mapper:					
★ - SW SE	after hours pumping										
	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	ft. and		Source: Land Survey GPS Topographic Map							
mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa					10. 🔲 Oi	l Fie	ld Water Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr 					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection	Extraction	1						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected?											
8 TYPE OF CASING USED: Steel PVC Other											
Casing diameter											
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. to ft., From ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		. ft., From	١	. ft. to		ft., From .		ft. to	ft.		
Nearest source of possible		. г	Dit Deixa		Пτ	ivesteels De	na	□ Insocti	aida Starac	70	
☐ Septic Tank ☐ Sewer Lines	☐ Lateral Line☐ Cess Pool		□ Pit Privy □ Sewage L	agoon		Livestock Per Fuel Storage			cide Storag oned Wate:		
☐ Watertight Sewer Line						Fertilizer Sto			ell/Gas Wel		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well											
Direction from well?								ft.			
10 FROM TO	LITHOLOG			FRO				HO. LOG (cont.) or		NG INTERVALS	
Notes:											
11. CONTENT CITIONIS ON LANDOWNERING CONTENTS OF THE CONTENTS											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Cont	u was completed on (m	ю-аау-уе	ar) This W	Jater Woll	ana ti Reco	ns record 1	s tru	ted on (mo day w	y Knowie	age and bener.	
under the business name of											
KS Department of Health an										ne 785-296-3565.	

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html