WATER WELL R		Form V			ision of Water		Well ID		
Original Record			e in Well Use Fraction		urces App. No.	Township Numb		a Number	
1 LOCATION OF WATER WELL: Fraction County: 770 rion 45e4 Www			Section Number Township Number Range Number T S R T W						
2 WELL OWNER: L			First:		al Address w	here well is located			
Business:	ast Name:	10	Lan						
Address: 1100 S TOP SON SON									
Address: 400 S. Jette 1 SVI									
City: HillSboro State: Kg ZIP:6/063									
3 LOCATE WELL	4 DEPTH	OF COM	PLETED WELL:	ft.	5 Latitud	e:	(6	lecimal degrees)	
WITH "X" IN			Encountered: 1)		l.	ıde:			
SECTION BOX:	2)ft. 3) ft., or 4) \(\bullet \) Dry					□ WGS 84 □ NAI			
. IN	WELL'S ST	ATIC WAT	TER LEVEL: 33	ft.		or Latitude/Longitude		10 27	
			measured on (mo-day		☐ GPS	G (unit make/model:)	
NW NE			measured on (mo-day		(WAAS enabled? \(\subseteq \text{ Yes} \(\subseteq \text{ No} \)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W	after hours pumping gpm				☐ Online Mapper:				
SW SE	Well water was ft. after hours pumping gpm					TVAV			
	Estimated Viold: -9/2 mm				6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter:				Source:				
1 mile	75 in. to f				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:			er Supply: well ID		10. □ Oil F	ield Water Supply: 16	ease		
☐ Household			g: how many wells?.			le: well ID			
🗾 Lawn & Garden			charge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?				
2. 🗌 Irrigation	9. Environmental Remediation: well ID				a) Closed Loop				
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction					b) Open Loop Surface Discharge Inj. of Water			
4. \square Industrial \square Recovery \square Injection 13. \square Other (specify):									
Was a chemical/bacteriological sample submitted to KDHE? Yes If yes, date sample was submitted:									
Water well disinfected? Yes No									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
Casing diameter									
Casing neight above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Fiberglass □ PVC □ Other (Specify)									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ FVC ☐ Other (Specify)									
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									
GRAVEL PACK INTERVALS: From									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank	□ I	Lateral Lines		_	Livestock Pens		cide Storage		
☐ Sewer Lines		Cess Pool	☐ Sewage L		Fuel Storage	_	oned Water W	/ell	
Watertight Sewer Lin		Seepage Pit	☐ Feedyard		Fertilizer Stora	ge □ Oil We	ll/Gas Well		
☐ Other (Specify) Direction from well?									
Direction from well? 10 FROM TO	f. A	ITHQLQG	Distance from v	FROM	TO L	ft. ITHO. LOG (cont.) oi	DI LICONIO	DITERMATE	
10 FROM 10 10 35	10110		by + mixe			11110. LOG (cont.) 01	FLUGGING	INTERVALS	
V 33	YCILOL	$\nu - i\alpha$	y + ·II·XC	a > nas	7				
28 60	Blild	Sha	10						
13 00	LIVE	51100	79						
60 62	Orun 1	101	Shaler	Libitos	-				
0000	~ · · / / /	1150	JIWIER	va with					
60 190	Hand	D WAL	Shale	Notes:	L				
52 79 Hard Gray Shale Notes:									
73 00	2 ray	Coha.	le Hard						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was A constructed reconstructed or plugged									
under my jurisdiction and was completed on (mo-day-year)									
Kansas Water Well Contractor's License No									
under the business name of .Bo.c.K.h.p.Q									
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Toncka, Kansas 66612-1367. Telephone (785) 206-3565.									

KSA 82a-1212

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Visit us at http://www.kdheks.gov/waterwell/index.html