

WATER WELL RI				7001		sion of Wate			W-11 ID		
Original Record 1 LOCATION OF WA		e in Well l				rces App. N		Torreshin Numb	Well ID		
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ra	inge Number □ E □ W		
		74 7		r Direc	1 Addraga	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:				1					
3 LOCATE WELL	4 DEPTH OF COM		ft	5 Latitu	ıde.			(decimal degrees)			
WITH "X" IN	Donth(s) Croundwater Engountered: 1)										
SECTION BOX:	2) ft. 3) ft., or 4) \square I				ry Well Datum: \square WGS 84 \square NAD 83 \square NAD 27						
14	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	☐ below land surface,			Gl	PS (t	ınit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)							VAAS enabled?			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W X E	after hours pumping gpn Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gpi										
	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.						☐ Other				
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa							ld Water Supply: 10			
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	Latraction	1						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
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											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		. It., From	١	. It. to		It., From .	• • • • •	It. to	It.		
Septic Tank	Lateral Line	е Г	☐ Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storag	re.	
Sewer Lines	☐ Cess Pool		☐ Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ll/Gas Wel		
Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGII	NG INTERVALS	
				N T 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	d was completed on (n	o-dav-ve	ear)	14. 11118	and th	wen was L	_ CO	nsuluciou, 🔝 1600 e to the best of m	v knowlea	, or □ prugged dge and helief	
Kansas Water Well Cont	ractor's License No	y-yC	This W	ater Well	Reco	rd was con	nple	ted on (mo-day-v	ear)		
under the business name	of										
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.											
KS Department of Health an	a Environment, Bureau of V	vater, Geolo	ogy Section, 1	1000 SW Jac	ekson S	t., Suite 420, '	ropel	ka, Kansas 66612-136)/. Telepho	ne /85-296-3565.	

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