WATER WELL RI Original Record		Form WWC			ion of Water irces App. No.		Well ID	
1 LOCATION OF WA		: Fract	ion	Secti	ion Number	Township Numb	er Range Number	
County:	march	1/	DE 1/452 1/4	SW/a	29	т 23 s	R / SiE □ W	
2 WELL OWNER: La	st Name	Rian First:					(if unknown, distance and	
Business: direction from nearest town or intersection): If at owner's address, check her								
Address: Add								
City: Decilo	VV s	State: K ZIP:						
3 LOCATE WELL	4 DEPTH	OF COMPLE	red well:	100 ft	5 Latitud	۵.	(decimal degrees)	
WITH "X" IN	Depth(s) Gro	undwater Encour	itered: 1)	ft.	t.   5 Latitude:			
SECTION BOX:	2)	ft. 3)	ft., or 4)	Dry Well	Datum: WGS 84 NAD 83 NAD 27			
1 1	well's static water level:3					or Latitude/Longitude		
		nd surface, measu			,			
NW NE		nd surface, meast ta: Well water w			(WAAS enabled?  Yes No)			
w E		hours pump			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
"	Well water was ft.					те таррог		
SW SE	after hours pumping gpm				6 Floreti	om: ft	Ground Lovel TTOC	
		eld:gpr		0 1	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
S 	Bore Hole Di	iameter:			Other			
1 mile  in. to ft.								
1. Domestic:		Public Water Su <sub>l</sub>	only: well ID		10. □ Oil I	Field Water Supply: 16	ease	
Household		Dewatering: hov			11. Test Hole: well ID			
💢 Lawn & Garden	7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock		Monitoring: wel			12. Geothermal: how many bores?			
2. ☐ Irrigation 3. ☐ Feedlot		vironmental Rem Air Sparge	ediation: well IL Soil Vapor I		a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. Industrial		☐ Injection	ZAGACHOH	13.  Other (specify):				
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):								
Water well disinfected? Yes \substituted to KDTE? \substitute Tes \substitute \substitute No in yes, date sample was submitted								
8 TYPE OF CASING USED: Steel XPVC Other								
Casing diameter in. to								
Casing height above land surface								
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								
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								
Grout Intervals: From								
Nearest source of possible contamination:								
Sewer Lines								
☐ Watertight Sewer Lir		eepage Pit	☐ Feedyard		Fertilizer Stora		ell/Gas Well	
Other (Specify)								
Direction from well?		Total Control	Distance from w					
10 FROM TO 7		ITHOLOGIC L	OG //	FROM	TO I	TIHU, LUG (cont.) o	or PLUGGING INTERVALS	
2 33		Do Soc	lay				NAME OF THE PARTY	
33 77	Day	sand.	a 11				***************************************	
77 100	amed		Clay.					
1 100	THU	Sand						
Notes:								
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. 10.11 This Water Well Record was completed on (mo-day-year) 30.113 under the business name of 11.11 This Water Well Record was completed on (mo-day-year) 30.113								
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 Burray of Water Geology Section, 1000 SW Jackson St. Suite 420. Toneka, Kansas 66612-1367. Telephone (785) 296-3565.								
Department of He	alth and Environme	ent Bureau of Water	Geology Section 1000	J SW Jackson St. S	uite 420. Toneka	Kansas 66612-1367, Telen	none (785) 296-3565.	

KSA 82a-1212

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