	WATER WELL RECO				
LOCATION OF WATER WELL:	Fraction NW 1/4	NW 1/4 Sec	tion Number	Township Number	Range Number
istance and direction from nearest town				1 0 1 9	
			-		
WATER WELL OWNER:	O			- Board of Agriculture	, Division of Water Resource
R#, St. Address, Box # : ity, State, ZIP Code : With	ita. Ks		MW	Application Number	:
LOCATE WELL'S LOCATION WITH 4	DEPTH OF COMPLETED W	/ELL23.77	ft. ELEVATI	ON:	
	epth(s) Groundwater Encount ELL'S STATIC WATER LEVE				
X W					
NW NE					pumping gpm
	st. Yield gpm: V ore Hole Diameter				
W	ELL WATER TO BE USED A				1 Injection well
sw se	1 Domestic 3 Feedle	ot 6 Oil field wa	iter supply 9	Dewatering 1	2 Other (Specify below)
	2 Irrigation 4 Indus				
	as a chemical/bacteriological :	sample submitted to D		r Well Disinfected? Yes	es, mo/day/yr sample was sul No
TYPE OF BLANK CASING USED:	5 Wrought in	on 8 Concre			ied Clamped
1 Steel 3 RMP (SR)	6 Asbestos-0	Dement 9 Other	(specify below)		elded
2 PVC 4 ABS	7 Fiberglass				readed. X
lank casing diameter in. rasing height above land surface	in weight		6 lbs/ft	Wall thickness or gauge	. in. to ft.
YPE OF SCREEN OR PERFORATION N		7 PV		10 Asbestos-cei	
1 Steel 3 Stainless st	teel 5 Fiberglass		MP (SR)	11 Other (speci	(y)
2 Brass 4 Galvanized				12 None used (•
CREEN OR PERFORATION OPENINGS 1 Continuous slot 3 Mill s		5 Gauzed wrapped 6 Wire wrapped		8 Saw cut 9 Drilled holes	11 None (open hole)
		7 Torch cut			
CREEN-PERFORATED INTERVALS:	_	-			. toft.
ODAVEL BACK INTERVALS.	From	ft. to	ft., From		. toft. . toft.
GRAVEL PACK INTERVALS:	From	ft. to			to ft.
GROUT MATERIAL: 1 Neat cert			onite 4 O	ther	
Grout Intervals: From		n	_		
Vhat is the nearest source of possible con 1 Septic tank 4 Lateral I		orivv	10 Livesto	•	Abandoned water well Oil well/Gas well
2 Sewer lines 5 Cess po	•	age lagoon		•	
3 Watertight sewer lines 6 Seepage				cide storage COM	Other (specify below)
pirection from well?	LITHOLOGIC LOC	FROM	How many		INTERVALS
FROM TO SINTU C	LITHOLOGIC LOG	FROM	то	FLOGGING	INTERVALS
0 29 5009 6					
				7. 7. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
				•	
				W. 200	
	OFFITIEIOATION TO		oted (0) ====	ntrusted or (2) stressed	ndor my juriodiation and
CONTRACTOR'S OR LANDOWNER'S ompleted on (mo/day/year)					inder my jurisdiction and was knowledge and b elief. Kansas
ompleted on (mo/day/year)				(mo/day/yr) 8-24	
nder the business name of 1000		1 Well, Inc			G. Worth
INSTRUCTIONS: Use typewriter or ball point pen. of Health and Environment, Bureau of Water, Top	PLEASE PRESS FIRMLY and PRINT Deka, Kansas 66620-0001. Telephone:	clearly. Please fill in blanks, 913-296-5545. Send one to	underline or circle th WATER WELL OWN	ne correct answers. Send topunion IER and retain one for your reco	ee copies to Karsas Department rds.