

WATER WELL RI  ☐ Original Record ☐				0071		sion of Water			Wall ID			
		e in Well !				irces App. N		Township Numb	Well ID	nga Numbar		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ra	nge Number □ E □ W		
		74 7		r Duro	1 Addraga	whor	_ ~					
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:										check here.		
Address:												
City:	State:	ZIP:										
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)					
WITH "X" IN	Donth(s) Groundwater Engountered: 1)					8						
SECTION BOX:	ATION BOX: $\begin{pmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
14	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:							
	☐ below land surface, measured on (mo-day-yr) ☐ above land surface, measured on (mo-day-yr)					Gl	PS (u	ınit make/model:		)		
NW   NE					• • • • • • • • • • • • • • • • • • • •			VAAS enabled?		No)		
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W E	afterhours pumpinggp. Well water wasft.					☐ Online Mapper:						
SW SE	after hours pumping g											
👍	Estimated Yield:	••••••	spin		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to ft				ad <u>Source</u> : ☐ Land Survey ☐ GPS ☐ Topographic Map							
mile		ft.		☐ Other								
7 WELL WATER TO BE USED AS:												
1. Domestic:	<ol><li>Public Wa</li></ol>							d Water Supply: 16				
Household	6. Dewatering: how many wells?											
Lawn & Garden	<u> </u>											
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:												
Water Well disinfected? ☐ Yes ☐ NO  8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing diameter												
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	ρ		
Sewer Lines	☐ Cess Pool		☐ Sewage L	agoon		Fuel 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	PLUGGIN	NG INTERVALS		
				N7 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. IIIIS	and th	wen was L	_ COl	nsuluciou, 🔝 Tecc e to the best of m	v knowlea	, or □ prugged loe and helief		
Kansas Water Well Cont	ractor's License No		This W	ater Well	l Reco	ord was con	nplet	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, l	LUUU SW Jac	ekson S	t., Suite 420, '	1 opeł	ka, Kansas 66612-136	7. Telephoi	ie /85-296-3565.		

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