

1	LOCATION OF WATER WELL:	Fraction				Section Number	Township Number	Range Number
	County:	1/4	1/4	1/4	1/4		T S	<input type="checkbox"/> E <input type="checkbox"/> W

**Global Positioning Systems (GPS) information:**  
Latitude: \_\_\_\_\_ (in decimal degrees)  
Longitude: \_\_\_\_\_ (in decimal degrees)  
Elevation: \_\_\_\_\_  
Datum:    ☐ WGS84,    ☐ NAD83,    ☐ NAD27  
Collection Method: \_\_\_\_\_

☐ GPS unit (Make/Model: \_\_\_\_\_)  
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☐

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes ☐ No ☐ If yes, how much \_\_\_\_\_  
Casing height above or below land surface \_\_\_\_\_ in.

<input type="checkbox"/> Septic tank	<input type="checkbox"/>	<input type="checkbox"/> Seepage pit	<input type="checkbox"/>	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/>	<input type="checkbox"/> Pit privy	<input type="checkbox"/>	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/>	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/>	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/>	<input type="checkbox"/> Feedyard	<input type="checkbox"/>	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input type="checkbox"/>	<input type="checkbox"/> Livestock pens	<input type="checkbox"/>	<input type="checkbox"/> Oil well/Gas well	

Direction from well? \_\_\_\_\_

How many feet? \_\_\_\_\_

[illegible]

Revised 1/29/2014