

WATER WELL RI				7040		ion of Water			W-11 ID		
		e in Well l				rces App. N		Torreshin Numb	Well ID	a a a Mumban	
1 LOCATION OF WATER WELL:		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		Range Number R □ E □ W	
County:		74 7		. D.1200	1 Addragg	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:											
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	Llanth(c) (Proundwater Engountaries L.)					8					
SECTION BOX: ft 3) ft or 4)					Bongitate:(decimal degrees)						
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
							PS (u	ınit make/model:		)	
NW - X - NE							(V	VAAS enabled?	Yes 🔲 l	√o)	
	Pump test data: Well water was ft.							l Survey			
WE	after hours pumping g Well water was ft				Online Mapper:				• • • • • • • • • • • • • • • • • • • •		
SW SE			umping gpm								
		• • • • • • • • • • • • • • • • • • • •	gpm		6 Elevat	tion:	:ft	. 🔲 Groun	d Level 🔲 TOC		
S	Estimated Yield:gpm Bore Hole Diameter:in. to				and Source: Land Survey GPS Topographic Ma						
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. Public Wa	ter Supply	e well ID			10. 🔲 Oil	Fiel	ld Water Supply: 16	ease		
☐ Household	6. ☐ Dewatering: how many wells?										
☐ Lawn & Garden	<u> </u>										
Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID							Loop Horizon			
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					l	b) Open Loop  Surface Discharge  Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected?											
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other											
Casing diameter											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel     ☐ Stainless Steel     ☐ Fiberglass     ☐ PVC     ☐ Other (Specify)     ☐ 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)											
	☐ Key Punched ☐ W					ne (Open H		omer (speen))			
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.											
9 GROUT MATERIAL:  Neat cement  Dement grout  Bentonite  Other											
Grout Intervals: From											
Nearest source of possible											
☐ Septic Tank	Lateral Line		Pit Privy			ivestock Per			cide Storage		
☐ Sewer Lines	Cess Pool		Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line ☐ Other (Specify)		L	_ Feedyard		□F	ertilizer Stor	rage	☐ Oil We	ll/Gas Well		
Direction from well?								ft			
10 FROM TO	LITHOLOG			FRO				HO. LOG (cont.) or		GINTERVALS	
TO TROM	EITHOLOG	JIC LOG		TRO	IVI	10	L/111	110. EOG (cont.) of	LUGGII	GIVILIVILIS	
				Notes	<u> </u>	<u> </u>					
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	co	nstructed, $\square$ reco	onstructed,	or plugged	
under my jurisdiction an	d was completed on (m	o-day-ye	ar)		and th	nis record is	s tru	e to the best of m	y knowled	ge and belief.	
Kansas Water Well Cont	tractor's License No		This W	ater Well	Reco	rd was con	nplet	ted on (mo-day-y	ear)		
under the business name	ord one copy to WATER W	ELL OWN	ED and mate:	ono for v		de Fee ef of	00 f-	or anah annat matad			
	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.										

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