

WATER WELL RI				0010		sion of Wate			W-11 ID		
Original Record 1 LOCATION OF WA		e in Well				irces App. N		Torreshin Numb	Well ID		
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		Г	Township Numb	er Ra	ange Number □ E □ W		
		74		r Duro	1 Addraga	who	- "				
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 "A" IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX: 2) ft., or 4)					Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27						
14	WELL'S STATIC WATER LEVEL:					. ft. Source for Latitude/Longitude:					
						G	PS (ı	ınit make/model:	· • • • • • • • • • • • • • • • •)	
NW NE								WAAS enabled?			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	afterhours pumpinggg Well water wasft.					☐ Online Mapper:					
SW SE		inggpm									
	Estimated Yield:			БРШ		6 Elevation:ft. ☐ Ground Level ☐ TO				nd Level 🔲 TOC	
S	Bore Hole Diameter: in. to f				nd Source: Land Survey GPS Topographic Ma						
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa							ld Water Supply: 16			
Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop					
4. ☐ Industrial	☐ Recovery		Son vapor Injection	LAHachoi	1						
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Water well disinfected? \square Yes \square No											
Water well distributed? Yes No No S TYPE OF CASING USED: Steel PVC Other											
Casing diameter											
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.											
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	1	It. to		It., From .		It. to	It.		
Septic Tank	Lateral Line	е Г	☐ Pit Privy		Пι	ivestock Per	ne	☐ Insection	ride Storac	Te.	
Sewer Lines	☐ Cess Pool		☐ Sewage L	agoon		Fuel Storage		☐ Abando			
☐ Watertight Sewer Line						ertilizer Sto					
Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGI	NG INTERVALS	
				77.4							
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)	1111S	water and th	wen was L	⊔ ניט s trii	e to the best of m	v knowle	ı, oı ∟ı pıuggeu doe and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Wel	l Reco	ord was con	nple	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, 1	1000 SW Ja	ekson S	t., Suite 420, '	Tope	ka, Kansas 66612-136)/. Telepho	ne /85-296-3565.	

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