

WATER WELL RI				70-1-1		sion of Water			W-11 ID		
Original Record 1 LOCATION OF WA		e in Well				irces App. N		Torreshin Numb	Well ID	a a a Mumban	
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W		
County:		74		r Duro	1 Addraga	Address where well is located (if unknown, distance and					
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	4 DEPTH OF COM	IPLETE	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)	
WITH 'A' IN Donth(s) Groundwater Engountered: 1)					8,						
SECTION BOX: 2)					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					()	
NW NE - X								WAAS enabled?		√ o)	
	Pump test data: Well water wasft. afterhours pumpinggp							Survey Topogr			
W E	after nours Well w			☐ Online Mapper:							
SW SE	SW SE after hours p										
	gpm	••••••	sp.111				:ft				
S	Bore Hole Diameter: in. to				t. and Source: Land Survey GPS Topographic Ma						
mile		ft.	□ O41								
7 WELL WATER TO BE USED AS:											
1. Domestic:	Public Wa							ld 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	Extraction	.1						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
8 TYPE OF CASING USED: Steel PVC Other											
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											
Grout Intervals: From Nearest source of possible		. It., From	1	It. to	• • • • • • • •	It., From .	• • • • •	It. to	It.		
Septic Tank	Lateral Line	е Г	☐ Pit Privy		Пτ	ivestock Per	ne	□ Insecti	cide Storage	<u>,</u>	
Sewer Lines	☐ Cess Pool		☐ Sewage L	agoon		Fuel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ll/Gas Well		
☐ Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	FIC LOG	•	FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
				NT 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) Par)	1111S	water and th	wen was L	_ CO	nsuluciou, 🔝 rect e to the best of m	nisu ucted, v knowled	or prugged	
Kansas Water Well Cont	ractor's License No		This W	/ater Wel	l Reco	ord was con	nple	ted on (mo-day-v	ear)	50 4114 001101.	
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,	1000 SW Ja	ckson S	t., Suite 420, '	ropel	ka, Kansas 66612-136)/. Telephon	e /85-296-3565.	

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