

WATER WELL RECORD FORM		7 1077		ion of Water		W-11 ID			
	ge in Well Use			rces App. No.	T	Well ID	NT1		
1 LOCATION OF WATER WELL:	Fraction 1/4 1/4	1/4 1/4	Section	on Number	Township Numb	l l	nge Number		
County:			D	1 A 1 1 1	T S	R	□ E □ W		
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:									
Business: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City: State:	ZIP:								
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:									
WITH "A" IN Doubth(s) Groundwater Encountered: 1) ft 1 1 1									
SECTION BOX:	(1) (2) (3) (4) (4) (5) (7) (7)								
N WELL'S STATIC WA	WELL'S STATIC WATER LEVEL: f				ft. Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-yr)				···· GPS (unit make/model:)				
above land surface	☐ above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
	after hours pumping gpm								
L CTT L CT	Well water was ft.								
	after hours pumping gpm Estimated Yield:gpm				6 Elevation :ft. ☐ Ground Level ☐ TOC				
	Bore Hole Diameter: in. to								
	in. to								
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
	6. Dewatering: how many wells?								
	7. Aquifer Recharge: well ID			☐ Cased	l □ Uncased □	Geotechnica	1		
☐ Livestock 8. ☐ Monitorin	8. Monitoring: well ID				12. Geothermal: how many bores?				
	9. Environmental Remediation: well ID								
	☐ Air Sparge ☐ Soil Vapor Extraction ☐ 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? ☐ Yes ☐ No									
8 TYPE OF CASING USED: Steel PVC Other									
Casing diameter in. to									
Casing height above land surface									
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)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
							CINTEDVALC		
10 FROM TO LITHOLO	GIC LOG	FRO	IVI	TO LI	THO. LOG (cont.) or	PLUGGIN	GINTERVALS		
		Notes	,.						
110165.									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year)									
Kansas Water Well Contractor's License No									
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.									

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