

WATER WELL RI				0111		sion of Wate			W-11 ID			
Original Record    1 LOCATION OF WA		e in Well l				irces App. N		Torreshin Numb	Well ID	ana Numban		
County:	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb		Range Number R □ E □ W			
2 WELL OWNER: La		74 7		. D.1200	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:												
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL	4 DEPTH OF COM	IPLETE	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)		
WITH "X" IN	Denth(s) Groundwater Engagetared: 1)					8,						
SECTION BOX:	2) ft. 3) ft., or 4) $\square$					Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27						
1	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:							
	below land surface,					ınit make/model:		)				
NW   NE	above land surface, measured on (mo-day-yr)				• • • • • • •			WAAS enabled?   □		<b>√</b> (o)		
	Pump test data: Well water was ft. after hours pumping				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:							
E E	Well water was ft.						nlıne	Mapper:		• • • • • • • • • • • • • • • • • • • •		
SW   SE	after hours											
	Estimated Yield:		gpm					:ft				
S	Bore Hole Diameter: in. to ft				and Source: Land Survey GPS Topographic Map							
mile	in. to ft.								•••••			
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. Public Wa							ld Water Supply: 16				
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extra					b) Open Loop  Surface Discharge  Inj. of Water						
4. ☐ Industrial	☐ Recovery		Injection					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 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 PERFORA							_	0.1 (0.16.)				
	☐ Mill Slot ☐ Ga ☐ W W	auze Wrap				illed Holes one (Open H		Other (Specify)	• • • • • • • • • • • • • • • • • • • •			
								ft From	ft to	, ft		
SCREEN-PERFORATED INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible		,				,						
☐ Septic Tank	Lateral Line		☐ Pit Privy			ivestock Per		☐ Insection	cide Storage	<b>;</b>		
☐ Sewer Lines	☐ Cess Pool		☐ Sewage L			uel Storage			oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM TO	LITHOLOG			FRO						C INTEDVALS		
10 TROM TO	LITHOLOG	ole Log		TRO	IVI	10	LII	IIO. LOG (cont.) of	LUGGIN	UINTERVALS		
	Notes:											
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTI	FICATIO	N: This	water	well was	co	nstructed, 🗌 reco	onstructed,	or plugged		
under my jurisdiction an	d was completed on (m	no-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												
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