

W	ATER	WELL	RECORD		•••••	6636		sion of Wate					
								Irces App. No.			Well ID		
1	LOCATION OF WATER WELL:			Fraction		Section Number			Township Number Range Number				
	County				1/4 1/4 1/	4 <sup>1</sup> /4				T S	R		
2		<b>OWNER:</b>	Last Name:	First:	Street or Rural Address where well is located (if unknown, distance and								
	Business:				direction	direction from nearest town or intersection): If at owner's address, check here:							
	Address: Address:												
	City:			State:	ZIP:								
3		E WELL				I							
•	WITH "			IPLETED WELL:			5 Latit	ude:			(decimal degrees)		
	SECTIO			Encountered: 1)				Longitude:(decimal degrees)					
	$\begin{array}{c} \text{SECTION BOX.} \\ \text{N} \end{array} \qquad \qquad 2) \dots $									WGS 84 🗌 NAD		IAD 27	
								Source for Latitude/Longitude:					
	1			<ul> <li>□ below land surface, measured on (mo-day-yr)</li> <li>□ above land surface, measured on (mo-day-yr)</li> </ul>					$\Box \text{ GPS (unit make/model:)}$				
	NW	NE		Pump test data: Well water was ft. after pumping					(WAAS enabled? ☐ Yes ☐ No)         ☐ Land Survey ☐ Topographic Map         ☐ Online Mapper:         6 Elevation:ft. ☐ Ground Level ☐ TOC				
337													
W	I	E											
	SW	SE	after	after hours pumping									
		X		Estimated Yield:gpm									
	:	S	Bore Hole I	Diameter:	in. to	ft. and		Sourc	Source: 🗌 Land Survey 🔲 GPS 🔲 Topographic Map				
	1 n	nile		in. to	ft.				Other				
7 WELL WATER TO BE USED AS:													
1.	Domestic:		5. 🗆	Public Wa	ater Supply: well ID								
	Housel		6. 🗆	g: how many wells? .	how many wells?				11. Test Hole: well ID				
	🗌 Lawn 🎖			echarge: well ID				$\Box$ Uncased $\Box$ C					
	Livesto			g: well ID					al: how many bores				
	🗌 Irrigati		al Remediation: well I					Loop Horizonta					
	Feedlo					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:												
			d? 🗌 Yes 🔲										
8	TYPE O	F CASIN	G USED: 🗆 S	teel 🗌 PV	C 🗌 Other	C	ASIN	G JOINTS	5: 🗆	Glued Clamped	U Welde	1 🗌 Threaded	
	Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.												
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:													
		nuous Slot	$\square$ Mill Slot								•••••		
					Vire Wrapped S						<b>C</b>	C.	
SC					n ft. to								
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. o ft. o ft. o ft. ft. to ft. to ft.													
					ft., From	. ft. to	•••••	ft., From	•••••	ft. to	ft.		
		-	ble contaminati	<b>on:</b> Lateral Line			пτ	iveste als De		🗖 Incastia	ida Stanaga		
	Septic ' Sewer l			Lateral Line Cess Pool	es 🗌 Pit Privy 🗌 Sewage L	90000		Livestock Pe Fuel Storage		☐ Insectic ☐ Abando			
		ight Sewer l		Seepage Pit	☐ Sewage L ☐ Feedyard			Fertilizer Sto				wen	
								eranzei su	nage				
					Distance from v					ft.			
	FROM	TO		ITHOLO		FRO		TO		HO. LOG (cont.) or		G INTERVALS	
			1										
			1										
			1										
			1										
			1										
			1			1							
			1			Note	s:						
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) and this record is true to the best of my knowledge and belief.													
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.													
	-				Water, Geology Section, 1	000 SW Ja	ckson S	St., Suite 420,	Tope	ka, Kansas 66612-136	-		
	Visit us at <u>h</u>	ttp://www.kd	heks.gov/waterwel	l/index.html							KS	A 82a-1212	