

WATER WELL RI				1007		ion of Wate			W-11 ID		
		e in Well l				rces App. N		Torreshin Numb	Well ID	a a a Mumban	
1 LOCATION OF WATER WELL:		Fraction			Section Number		r	Township Numb		Range Number R □ E □ W	
County:		74 7		r Direc	1 Addragg	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	4 DEPTH OF COM	IPLETE	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)	
WITH "X" IN	WITH "A" IN Donth(s) Groundwater Engountered: 1)										
SECTION BOX:	SECTION BOX: ft or 4)					Dry Well Datum: \(\text{VWGS 84}\) \(\text{NAD 83}\) \(\text{NAD 27}\)					
14	WELL'S STATIC WATER LEVEL:				. ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)					Gl	PS (t	ınit make/model:		)	
NW <b>X</b> - NE	above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.							WAAS enabled?		<b>√</b> o)	
								d Survey  Topographic Map			
W E	afterhours pumpinggp Well water wasft.					☐ Online Mapper:					
SW SE	after hours			6 Elevation:ft. ☐ Ground Level ☐ TOC							
	Estimated Yield:								. sp		
S	Bore Hole Diameter: in. to f				Source: Land Survey GPS Topographic Ma						
mile		ft.		☐ Other							
7 WELL WATER TO BE USED AS:											
1. Domestic:	<ol><li>Public Wa</li></ol>					10. 🔲 Oil	l Fiel	ld Water Supply: 16	ease		
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						
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Water well disinfected? $\square$ Yes $\square$ No											
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											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		. It., From	١	. It. to		It., From .	• • • • •	It. to	It.		
Septic Tank	Lateral Line	е Г	☐ Pit Privy		Пι	ivestock Per	ne	□ Insecti	cide Storage	<u>,</u>	
Sewer Lines	☐ Cess Pool		☐ Sewage L	agoon		uel 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 an	d was completed on (n	o-dav-ve	ear)	14. 11118	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 Well	Reco	rd was con	nplet	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 ar	a Environment, Bureau of V	vater, Geolo	ogy Section, 1	UUU SW Jac	ckson S	t., Suite 420, '	ı opel	ka, Kansas 66612-136	7. Telephon	e 185-296-3565.	

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