

WATER WELL RI ☐ Original Record ☐				007 1		sion of Water			Wall ID		
1 LOCATION OF WA		e in Well !				irces App. N		Township Numb	Well ID	nga Numbar	
	Fraction 1/4 1/4 1/4 1/4			Section Number		r	Township Numb	er Ka R	nge Number □ E □ W		
County:		/4 ,		r Duro	1 Addross v	whor	_ ~				
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		ft	5 Latitu	ıde.			(decimal degrees)				
WITH "X" IN	L Donth(s) (Proundryotor Engountered: 1)					8,					
SECTION BOX:	$\begin{array}{c cccc} \mathbf{ION} \ \mathbf{BOA}; & \mathbf{ft} & \mathbf{or} \ A) \ \Box \\ \end{array}$					Dongitude:(decimal degrees)					
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
							PS (u	ınit make/model:)	
NW NE								(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.							d Survey			
W X E	after hours pumpinggp.					Online Mapper:					
SW SE	Well water was ft. after hours pumping gg Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to ft										
1 mile				Other							
1 mile in. to ft. Uniter											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. ☐ Dewatering: how many wells?										
Lawn & Garden										al	
☐ Livestock	8. Monitoring: well ID										
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. Industrial	Recovery		Injection			13. ∐ Otl	her (s	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 ft., Diameter in. to ft., Diameter ft.											
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)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		. 10., 1 1011		. 11. 10		10., 1 10111 .					
Septic Tank	Lateral Line	s [☐ Pit Privy			ivestock Per	ns	☐ Insection	cide Storag	e	
Sewer Lines	Cess Pool		_ ☐ Sewage L	agoon		uel Storage			oned Water		
☐ Watertight Sewer Line			Feedyard		\Box F	ertilizer Stor	rage	☐ Oil We	ll/Gas Wel	l	
Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITI	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS	
				N7 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-day yo	ricaliO ar)	1 1: 1 m1s	water and 11	well was L	_ CO	nstructed, ∐ rect e to the best of m	nistructed v knowlec	, or □ plugged loe and belief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	Reco	ord was con	o u u mlet	ted on (mo-day-v	ear)	ige and belief.	
under the business name	of										
under the business name of											
KS Department of Health an	d Environment, Bureau of V	Vater, Geolo	ogy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Topel	ka, Kansas 66612-136	Telephor	ne 785-296-3565.	

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