WATER WELL RECO		Division of Water	
Original Record Correct Correct Correct Correct Correct WATER		Resources App. No. Section Number	Township Number Range Number
County: County	WELLS: Fraction E NW 1/4 SE NW 1/4	NE ₄ Section Number	T Z7 S R / DE XW
2 WELL OWNER: Last Name	: Hyll First:	Street or Rural Address wh	here well is located (if unknown, distance and
Business: Address: 7977 Ball direction from nearest town or intersection): If at owner's address, check here:			
Address:	ellowide C	- 7927 B	allowest of
City: Weekelg	State: K2 ZIP: 67203		
3 LOCATE WELL 4 DI	EPTH OF COMPLETED WELL:	50ft. 5 Latitud	e:(decimal degrees)
SECTION ROX: Depth	(s) Groundwater Encountered: 1)	Longitu	ide:(decimal degrees)
	2) ft. 3) ft., or 4) [L'S STATIC WATER LEVEL: 3		☐ WGS 84 ☐ NAD 83 ☐ NAD 27
	elow land surface, measured on (mo-day-		or Latitude/Longitude: 5 (unit make/model:)
	bove land surface, measured on (mo-day-	уг)	(WAAS enabled? ☐ Yes ☐ No)
	test data: Well water was fi ifter hours pumping		d Survey Topographic Map
	Well water was f		ine Mapper:
SW SE	ifter hours pumping	gpm	A D C 11 1 D TO C
Estim	ated Yield:gpm Hole Diameter:in. to	O Elevation	on:ft. ☐ Ground Level ☐ TOC ☐ Land Survey ☐ GPS ☐ Topographic Map
S Bore	Hole Diameter: in. to in. to	ft. and Source. I	Other
7 WELL WATER TO BE USED AS:			
1. Domestic:	5. Public Water Supply: well ID		Field Water Supply: lease
Household	6. Dewatering: how many wells?		le: well ID
Lawn & Garden Livestock	7. ☐ Aquifer Recharge: well ID 8. ☐ Monitoring: well ID		d Uncased Geotechnical
2. Irrigation	9. Environmental Remediation: well II		ed Loop Horizontal Vertical
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor F	Extraction b) Oper	n Loop Surface Discharge Inj. of Water
4. Industrial	☐ Recovery ☐ Injection		r (specify):
Was a chemical/bacteriological sample submitted to KDHE? Yes You If yes, date sample was submitted:			
8 TYPE OF CASING USED: Steel NOVC Other CASING JOINTS: Clamped Clamped Welded Threaded			
Casing diameter			
Casing diameter			
TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass			
☐ Steel ☐ Stainless Steel ☐ Fiberglass			
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			
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	
Other (Specify)			
Direction from well?	Distance from we		ft.
0 12	LITHOLOGIC LOG	FROM TO LI	ITHO. LOG (cont.) or PLUGGING INTERVALS
12 33 F	ing ten	nd	
33 50 0	area tan	end	
		7	
,		Notes:	
110tes.			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)			
under my jurisdiction and was completed on (mo-day-year)			
under the business name of			
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3365.			
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