

WATER WI		_	Form V				,007		sion of Wate			337-1				
Original Rec				e in Well					urces App. N		T 1 N 1	Wel		NT1		
1 LOCATION OF WATER WELL:			Fractio		1/4	4 1/4	Sect	tion Numbe	er	Township Numb		_	ge Numb			
County:  2 WELL OWNER: Last Name:			First:	1/4	7/4		r D	ol Add====	11.h.	T S		R	□ E □			
Business:								reet or Rural Address where well is located (if unknown, distance and ection from nearest town or intersection): If at owner's address, check here:								
Address:			unection	Add non-nearest town of intersection). If at owner's address, check liefe.												
Address:																
City:		St	ate:	ZIP:												
3 LOCATE WELL 4 DEPTH OF COM				1PLETI			ft	5 Latit	nde.			6	decimal de	arees)		
WITH "A" IN Donth(s) Groundwater I			Encountered: 1)					t. 5 Latitude:(decimal d								
			6) ft., or 4) □ Dry W					Datum: WGS 84 NAD 83 NAD 27								
WELL'S STATIC WA				TER LEVEL:				Source for Latitude/Longitude:				10 27				
	below land surface, measured on (mo-day-yr).									unit make/model:				)		
NW   N	above land surface, measured on (mo-day-yr)								(WAAS enabled? ☐ Yes ☐ No)							
		mp test data: Well water was ft.								nd Survey						
W	after hours pumping gp Well water was ft.								nline	Mapper:		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
SW   SI	E	after hours pumping gpm														
X		Estimated Yield:gpm						<b>6 Elevation</b> :ft. ☐ Ground Level ☐ T					TOC			
S		Bore Hole Diameter: in. to										ographic	Map			
1 mile			in. to											· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
7 WELL WATER TO BE USED AS:																
1. Domestic:					ly: well ID						ld Water Supply: 16					
Household		6. Dewatering: how many wells?														
☐ Lawn & Garden 7. ☐ Aquifer R									sed Uncased Geotechnical							
☐ Livestock 8. ☐ Monitoring 2. ☐ Irrigation 9. Environmenta										al: how many bore						
<ul><li>2. ☐ Irrigation</li><li>3. ☐ Feedlot</li></ul>			Air Sparge		Iation: wei  ☐ Soil Vap						Loop  Horizon				ater	
4. ☐ Industrial ☐ Recovery				Extraction	ı	b) Open Loop ☐ Surface Discharge ☐ I  13. ☐ Other (specify):										
Was a chemica	I/booton				Injection		Vac 🗖	Na			nple was submitte					
Water well disir				utteu to	KDIIE:	ш	ies 🗀	INO	ii yes, dad	c sai	iipie was subiliitie	·u			••••	
				C D Otl	or		С	A CIN	IC IOINTS	· 🗆	Glued Clamped	4 D W	Valdad	☐ Thre	adad	
											in. to				aueu	
											or gauge No					
TYPE OF SCRI											88					
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)																
☐ Brass		anized Steel	☐ Conc		☐ Nor	ie i	used (open	hole)								
SCREEN OR P																
☐ Continuous		☐ Mill Slot		auze Wra							Other (Specify)					
		☐ Key Punched							one (Open H							
SCREEN-PERFORATED INTERVALS: From ft. to													ft. to .		ft.	
9 GROUT MATERIAL: Neat cement Cement grout Dentonite Other																
Nearest source of				It., FIOI		• • • •	11. 10	• • • • • • • •	It., FIOIII	• • • • •	11. 10	I	il.			
Septic Tank			teral Line	·s	☐ Pit Priv	v		Πт	Livestock Pe	ens	☐ Insection	cide St	orage			
Sewer Lines	☐ Sewage		agoon		Fuel Storage		☐ Aband			Vell						
☐ Watertight S			ss Pool epage Pit		☐ Feedyar				Fertilizer Sto							
☐ Other (Speci	fy)															
	ell?					ı w					ft					
10 FROM	О	LI	THOLOG	GIC LOC	<u> </u>		FRO	M	TO	LIT	HO. LOG (cont.) or	: PLUC	<u> </u>	INTER	VALS	
							Notes									
	<b>::</b>															
11 CONTRAC	TODIC	OD I ANDOT	WEDS	СЕВТ	TEICATE	O	J. Thin -	votor	woll was F	7	netruoted Dress	onet-	otod -	yr 🗆1	aaad	
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year)													ggeu lief			
Kansas Water W	Vell Con	tractor's Licen	se No	y	This	W	ater Well	Reco	ord was cor	nnle	ted on (mo-dav-v	y kno ear)	wicug		1101.	
under the busine	ess name	of														
	Ş	Send one copy to V	VATER W	ELL OW	NER and reta	ain	one for you	ır recoi	rds. Fee of \$5	5.00 f	or each constructed we	ell.				
KS Department o	f Health a	nd Environment, B	Sureau of V	Vater, Geo	logy Section	, 10	000 SW Jac	kson S	St., Suite 420,	Tope	eka, Kansas 66612-136	57. Tele	phone	785-296-3	565.	