WATER WELL RI Original Record		Form W			sion of Water arces App. No		Well ID	
	LOCATION OF WATER WELL: Fraction			Section Number			er Range Number	
County: GSMA	N	4 SE 1/4	j	T 32 S	R/8 □E ØW			
2 WELL OWNER: Las	st Name: 🎉	SWMPH 1	First: J/m				(if unknown, distance and	
Business:		direction from ne	lirection from nearest town or intersection): If at owner's address, check here:					
Business: Address: 3934 NW RochEster Address: Address:							15% /2 North	
City: / DEKA		State: K5	ZIP: (06617			1/2 51	es &	
3 LOCATE WELL			-	6 39 39 0		·		
WITH "X" IN			LETED WELL:				(decimal degrees)	
SECTION BOX:	1 2) # 3) # 00.4)11							
N	WELL'S S	TATIC WATE	R LEVEL: 🞾.	ft.	ft. Source for Latitude/Longitude:			
	☐ below	land surface, m	easured on (mo-day	-yr).4.:24. <i>!</i> .4	GPS (unit make/model:)			
NWNE	NE above land surface, measured on (mo-day-y				(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map			
W % E	E after hours pumping gr Well water was ft.				☐ On	dine Mapper:		
SWSE	SWSE after hours pumping gpm							
	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC			
S					Source: Land Survey GPS Topographic Map			
1 mile			in. to			☐ Other		
7 WELL WATER TO BE USED AS: 1. Domestic: 5. \[Public Water Supply: well ID								
1. Domestic:			Supply: well ID					
☐ Household ☐ Lawn & Garden			how many wells? narge: well ID		11. Test Hole: well ID			
Lawn & Garden			well ID			12. Geothermal: how many bores?		
2. Irrigation	9. Environmental Remediation: well ID .				a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot					b) Open Loop Surface Discharge Inj. of Water			
4. 🗌 Industrial		☐ Recovery	☐ Injection					
Was a chemical/bacteriological sample submitted to KDHE? Yes Wo If yes, date sample was submitted:								
Water well disinfected? \(\mathbb{Z} \) Yes \(\superatorname{\text{No}} \)								
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other								
Casing diameter								
Casing height above land surface								
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 contamination:								
Septic Tank		Lateral Lines	☐ Pit Privy		Livestock Per		icide Storage	
☐ Sewer Lines		Cess Pool	☐ Sewage L		Fuel Storage		loned Water Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify) Direction from well? Distance from well?								
10 FROM TO		LITHOLOGI		FROM			or PLUGGING INTERVALS	
0 95		ENNOLOGI.	C DOG	TROM	- 10	Entitio, Eog (cont.)	TI DO CONTO II TIDICI I I I I I I I I I I I I I I I I I	
95 100	MARD	White	CINY				CAN WASHARD V	
	- J. J. J. L.						and a trivial section of the section	
						AA-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	WAL	
				N.T.			Constant Constant	
	Notes:							
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) which was and this record is true to the best of my knowledge and belief.								
Kansas Water Well Con	tractor's Li	cense No		/ater Well Rec	ord was con	npleted on (mo-day-	year)\$:::/.//	
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) 296-3565.								

KSA 82a-1212

Visit us at http://www.kdheks.gov/waterwell/index.html

Revised 9/10/2012