WATER WELL RI Original Record			ion of Water rces App. No.		Well ID	
1 LOCATION OF WA			on Number	Township Numb		
	IN NELE: SEY DWY	28	T 22 S	R/B DE DW		
2 WELLOWNER: Last Name: Owbys First: Print: 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: Fram Caldwritte 2 2 245 /246						
Address: City: Florence State: OR ZIP: 97439 (NFO						
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL:	120 0	, T ,		/1 • 11	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				(decimal degrees)	
SECTION BOX:	2) ft. 3) ft., or 4)	☐ Dry Well	Longitude:			
1.4	WELL'S STATIC WATER LEVEL: 3.0		Source for Latitude/Longitude:			
	☐ below land surface, measured on (mo-day ☐ above land surface, measured on (mo-day		GPS (unit make/model:)			
% W NE	Pump test data: Well water was		(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
W E	after hours pumping			Online Mapper:		
SW SE	Well water was after hours pumping					
	Estimated Yield:		6 Elevation:ft. Ground Level TOC			
S	Bore Hole Diameter:		Source:			
1 mile in. to ft.						
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID						
Household	6. Dewatering: how many wells?		10. Oil Field Water Supply: lease			
☐ Lawn & Garden	7. Aquifer Recharge: well ID	☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock	8. Monitoring: well ID	12. Geothermal: how many bores?				
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well I ☐ Air Sparge ☐ Soil Vapor		a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. Industrial	☐ Recovery ☐ Injection					
Was a chemical/bacteriological sample submitted to KDHE? Yes You If yes, date sample was submitted:						
Water well disinfected?						
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 Z. Q ft. to ft., From ft., From ft., From ft. to ft.						
Grout Intervals: From O ft. to ft., From ft. to ft. ft.						
Nearest source of possible contamination:						
Septic Tank	☐ Lateral Lines ☐ Pit Privy		ivestock Pens uel Storage		cide Storage oned Water Well	
☐ Sewer Lines ☐ Watertight Sewer Lin	☐ Cess Pool ☐ Sewage L Seepage Pit ☐ Feedyard		uei Storage ertilizer Storag		ell/Gas Well	
☐ Other (Specify) Direction from well? Distance from well? ft.						
10 FROM TO	SAND FOD SOIL	FROM	TO LI	THO. LOG (cont.) o	r PLUGGING INTERVALS	
10 34	White Clay					
30 40	FINE SANO					
40 57	CORRSE SAND					
57 60	White Clay					
		Notes:			- APA-OPA-N. A	
	Avotes.					
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)						
Kansas Water Well Contractor's License No. H. This Water Well Record was completed on (mo-day-year) 12-7-14 under the business name of L.						
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