

WATER WELL RI				0011		sion of Wate			W-11 ID		
		e in Well l				irces App. N		Torreshin Numb	Well ID	ana Numban	
1 LOCATION OF WATER WELL: County:		Fraction			Section Number		r	Township Numb		Range Number R □ E □ W	
2 WELL OWNER: La		74 7		r Direc	1 Addraga	who					
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:				1					
3 LOCATE WELL	4 DEPTH OF COM	IPLETE	D WELL:		ft	5 Latitu	ıde.			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)										
SECTION BOX:	SECTION BOA: ft or 4)										
	WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr)					Gl	PS (ı	ınit make/model:		)	
NW   NE	above land surface, measured on (mo-day-yr)				(**************************************					<b>√</b> o)	
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp: Well water was ft.					Online Mapper:					
SW SE	after hours pumping				n						
	Estimated Yield:			5pm		6 Elevat	tion	:ft	. 🔲 Ground	d Level 🔲 TOC	
S	Bore Hole Diameter: in. to f				d Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:	<ol><li>Public Wa</li></ol>					10. 🔲 Oil	l Fie	ld Water Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	<u> </u>										
Livestock	8. Monitoring: well ID										
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	☐ Recovery		Injection	Latraction	1						
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Water well disinfected? $\square$ Yes $\square$ No											
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 ft. to ft., From ft., From ft., From ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		. ft., From	١	. ft. to		ft., From .		ft. to	ft.		
Nearest source of possible  ☐ Septic Tank	contamination:  Lateral Line	. г	☐ Pit Privy		Пτ	ivestock Per	nc	□ Insacti	cide Storage		
Sewer Lines	☐ Cess Pool		☐ I it I iivy ☐ Sewage L	ลฮดดท		Tuel Storage			oned Water		
☐ Watertight Sewer Line						ertilizer Sto			ll/Gas Well		
Other (Specify)		- 			_						
Direction from well?								ft.	•		
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my jurisdiction and	UK LANDUWNER'S	O CERTI	FICATIO	IN: This	water	well was L	_ co	nstructed, \( \subset  reco	onstructed,	or land ballat	
under my jurisdiction an Kansas Water Well Cont	u was completed on (m	io-uay-ye	Thic W	/ater W/all	ana tr	ns record is	ร เเน กาไอ	ted on (mo. day w	y Kilowied ear)	ge and benen.	
under the business name											
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.											
KS Department of Health ar	d Environment, Bureau of V	Vater, Geolo	ogy Section, 1	000 SW Jac	ekson S	t., Suite 420,	Tope	ka, Kansas 66612-136	7. Telephon	e 785-296-3565.	

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