

WATER WELL RI  ☐ Original Record ☐				0011		sion of Water			Wall ID		
		e in Well				irces App. N		Township Numb	Well ID	aga Numbar	
1 LOCATION OF WATER WELL:		Fraction		1/4 1/4	Section Number		r	Township Numb		Range Number R □ E □ W	
County:		74		D.1100	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:				Т					
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:	2) ft. 3) ft., or 4) $\square$ I				y Well Datum: \(\superscript{WGS 84} \superscript{NAD 83} \superscript{NAD 27}\)						
14	WELL'S STATIC WA	ft	. ft. Source for Latitude/Longitude:								
	below land surface.			GPS (unit make/model:)							
NW   NE		ed on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)						
🗶	Pump test data: Well w			☐ Land Survey ☐ Topographic Map							
W E	after hours				☐ Online Mapper:						
SW SE			nping gpm								
	Estimated Yield:							on:ft. 🔲 Ground Level 🔲 TOC			
S	Bore Hole Diameter: in. to f				d Source: Land Survey GPS Topographic Map						
mile	•••	ft.									
7 WELL WATER TO BE USED AS:											
1. Domestic:	<ol><li>Dublic Wa</li></ol>					10. 🔲 Oil	l Fie	ld Water Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID										
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	LAHacho	11						
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											
Grout Intervals: From  Nearest source of possible		. It., From	1	It. to	• • • • • • • • •	It., From .		It. to	It.		
Septic Tank	Lateral Line	е Г	☐ Pit Privy		Пι	Livestock Per	ne	□ Insecti	cide Storage	<u>,</u>	
Sewer Lines	☐ Cess Pool		☐ Sewage L	agoon		Fuel Storage			oned Water		
☐ Watertight Sewer Line						Fertilizer Stor			ll/Gas Well		
Other (Specify)											
Direction from well?											
10 FROM TO	LITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
				<b>N</b> T 4							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	d was completed on (m	o-dav-ve	ar) ear)	71 <b>1.</b> 1111S	and th	wen was <u> </u> his record i	_ CO s tru	nsuluciou, 🔝 rect e to the best of m	nisu ucieu, v knowled	or prugged	
Kansas Water Well Cont	ractor's License No		This W	Vater Wel	l Reco	ord was con	nple	ted on (mo-day-v	ear)	50 4114 001101.	
under the business name	of										
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 and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.											
KS Department of Health an	d Environment, Bureau of V	vater, Geolo	ogy Section, 1	1000 SW Ja	ckson S	t., Suite 420, '	Tope	ka, Kansas 66612-136	)/. Telephon	e /85-296-3565.	

KSA 82a-1212