

M	_		RECORD		WWC-5 1274			ion of Wate					
								sources App. No.			Well ID		
I	LOCATION OF WATER WELL: County:				Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		on Numbe	Number Township Numb T S		er Range Number $R \square E \square W$			
2		OWNER: 1	ast Nama		First:		tet or Rural Address where well is located (if unknown,						
4	Business:	OWNER.	Last Ivanie.	11181.	direction from nearest town or intersection): If at owner's address, check here:								
	Address:					uncention					5 uuu 055, 1		
	Address: City:			State:	ZIP:								
3	LOCAT	F WFLL											
5	WITH "X" IN 4 DEPTH OF CON				IPLETED WELL:		ft.					-	
	SECTIO			Encountered: 1) 3) ft., or 4) [Longitude:							
	Ν	1	Dry_we	11	Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:								
				below land surface, measured on (mo-day-yr)						init make/model:)	
	NW	NE	above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
	X		Pump test data: Well water was ft.										
W		E	alter	after hours pumping gpm Well water was ft.					Inline	Mapper:	•••••		
	SW	SE	after	after hours pumping									
			Estimated Y	Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
		S	Bore Hole D		in. to			Source	Source: Land Survey GPS Topographic Map Other				
	7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease												
	☐ Housel			6. Dewatering: how many wells?									
	□ Lawn & Garden 7. □ Aquifer R				echarge: well ID					\Box Uncased \Box G			
	Livesto				g: well ID		12. Geothermal: how many bores?						
	☐ Irrigati ☐ Feedlor			Air Sparge	al Remediation: well II		a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water						
—					□ Recovery □ Injection				13. Other (specify):				
W	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
	Water well disinfected? \Box Yes \Box No												
	8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.													
	Casing height above land surface												
1.	TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify)												
	Brass Galvanized Steel Concrete tile None used (open hole)												
SC	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)												
SC					\square Sa						ft to	ft	
SC					n ft. to								
9					Cement grout Be								
					ft., From								
		-	le contaminatio							—			
	□ Septic ′ □ Sewer I			ateral Line	es 🗌 Pit Privy 🗌 Sewage La	acon		ivestock Pe uel Storage		☐ Insectic			
					☐ Feedyard	igoon		ertilizer Sto				wen	
	Other (Specify)							U	—			
	Direction from well? Distance from well												
10	FROM	TO	L	ITHOLOG	JULUG	FROM	VI	ТО	LIT	HU. LUG (cont.) or	PLUGGIN	JINTERVALS	
						Notes	:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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)													
under the business name of													
]	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.												
	Visit us at <u>h</u>	ttp://www.kdh	eks.gov/waterwell	/index.html							KS	SA 82a-1212	