WATER WELL R Original Record	ECORD Correction	Form WWO			sion of Water urces App. No		Well ID	
1 LOCATION OF W	ATER WEI	L: Frac	tion	Sect	tion Number	Township Numb	per Range Number	
County: Har	vey	NE	15W15E14	1/4	1/1	T 233	R / DE W	
2 WELL OWNER: Last Name! Kondall First: Owey 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: 1008 Grand View								
Address: Newton State: Kg ZIP: 67/1/4								
3 LOCATE WELL	i i	200		74 0	F T 414	1	/ · · · · · · ·	
WITH "X" IN	4 DEPTH OF COMPLETED WELL:				5 Latitude:			
SECTION BOX:	2)	ft. 3)	ft., or 4), 🔲	Dry Well	Datum: WGS 84 NAD 83 NAD 27			
	WELL'S STATIC WATER LEVEL:ft. ☐ below land surface, measured on (mo-day-yr)					Source for Latitude/Longitude: GPS (unit make/model:)		
NW NE	above land surface, measured on (mo-day-yr)				□ □ GP	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map		
		Pump test data: Well water was ft.						
W E	after	after hours pumping gpm Well water was ft.				line Mapper:		
SW SE	after	-0				6 Floration: A Cround Lavel C TOC		
S	Estimated Yield 3d (g.gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
mile	Estimated Yield 2				300000	Other		
/ WELL WATER TO BE USED AS:								
1. Domestic:	5. Public Water Supply: well ID				10. Oil Field Water Supply: lease			
Lawn & Garden	6. ☐ Dewatering: how many wells?					☐ Cased ☐ Uncased ☐ Geotechnical		
Livestock	8. □	8. Monitoring: well ID				12. Geothermal: how many bores?		
2. ☐ Irrigation 3. ☐ Feedlot		9. Environmental Remediation: well ID				a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water		
4. Industrial	Recovery Injection 13. Other (specify):							
Was a chemical/bacteriological-sample submitted to KDHE? Yes Vivo If yes, date sample was submitted:								
Water well disinfected? Z Yes No								
8 TYPE OF CASING USED: Steel PPVC Other								
Water well disinfected?								
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 the first of the first								
SCREEN-PERFORATED INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Septic Tank		Lateral Lines	☐ Pit Privy		Livestock Pen	Insecti	icide Storage	
☐ Sewer Lines	Sewer Lines							
✓ Watertight Sewer Lin ☐ Other (Specify)		Seepage Pit	☐ Feedyard		Fertilizer Stor	age 🔲 Oil W	ell/Gas well	
Direction from well?		*******			<u>5</u>	, <u>,</u> f	t.	
10 FROM TO		LITHOLOGIC L	OG	FROM	TO	LITHO. LOG (cont.) o	or PLUGGING INTERVALS	
12 12	Clay	Sand						
150	TITE	34110						
18 29	San	ل						
0 0 10	19/20	į.						
42 73-	Sand	*		Notes:			And the second s	
45 74	Blue	Gray	Spale					
t in the second terms of t								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Z-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								
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

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