WATER WELL R		Form WWC			ision of Water				
Original Record Correction Change in Well Use			Resources App. No. Well ID			as Number			
1 LOCATION OF WATER WELL: Fraction County: Harvey Section Number Township Number Range Number Section Number Township Number Range Number Section Number Township Number Range Number Range Number Section Number Township Number Range Number Range Number Section Number Section Number Section Number Number Range Number Number Range Number N								- /	
2 WELL OWNER: Last Name: Business:  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:									
Business: \$7	direction from nearest town or intersection): If at owner's address, check here:								
X Address: 416 L	406 Witmaster								
City: N. New	67114	-10 6 1011 masic 4							
3 LOCATE WELL		H OF COMPLET	FED WELL:	100 A	5 Latitu	da:		(decimal decrees)	
WITH "X" IN	Depth(s) G	4 DEPTH OF COMPLETED WELL:				5 Latitude:(decimal degrees) Longitude:(decimal degrees)			
SECTION BOX:	SECTION BOX: 2) ft. 3) ft., or 4)				Datum	□ WGS 84 □ NA	AD 83 🗆 N	NAD 27	
	WELL'S STATIC WATER LEVEL:/					for Latitude/Longitud			
NW NE	above land surface, measured on (mo-da					☐ GPS (unit make/model:			
NW  NE	Pump test data: Well water was							10)	
E E					gpm				
Well water was									
	Estimated Yield: 20 gpm			6 Elevation:ft. Ground Level TOC					
S Bore Hole Diameter: in. to				?. ft. and Source: Land Survey GPS Topographic Map					
1 mile  in. to ft.									
7 WELL WATER TO			nly wall ID		10 🗆 0:1	Field Water Supply:	lence		
1. Domestic:	— · · · · · · · · · · · · · · · · · · ·				10. ☐ Oil Field Water Supply: lease				
Lawn & Garden									
☐ Livestock	8. Monitoring: well ID					Geothermal: how many bores?			
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extra					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extr 4. ☐ Industrial ☐ Recovery ☐ Injection				Extraction	13. Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? Yes You If yes, date sample was submitted:									
Water well disinfected? PYYes DNo									
8 TYPE OF CASING USED: ☐ Steel PPVC ☐ 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									
SCREEN-PERFORATI	ED INTERV	ALS: From	2 ft. to3	5. ft., From	ft. to		ft. to	ft.	
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From □ 1.5 ft. to □ 1.5 ft., From □ 1.5 ft. to □ 1.5 ft. to □ 1.5 ft. ft. ft. ft. ft. ft. ft. ft. ft.								ft.	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From									
Grout Intervals: From									
Nearest source of possibl		non: Lateral Lines	☐ Pit Privy		Livestock Per	s 🗆 Insec	ticide Storage		
Sewer Lines									
Watertight Sewer Lin	nes 🔲	Seepage Pit	☐ Feedyard		Fertilizer Stor	_	/ell/Gas Well		
Other (Specify)	<i>a</i>		D:	2 <i>1</i>		•••••	Δ		
Direction from well?		LITHOLOGIC LO		FROM		LITHO. LOG (cont.)		GINTERVALS	
0 1/	Clay	E		IRON		LOG (cont.)	o. i Doddin	CHILDRANDS	
15 25	Sound	+ Wate	2 L						
25 85	Blue -	+ Gray	Shale					100	
35 26	Som	2 Wate	<i>t</i>			Original Re	urned to	Sender	
36 100	stay.	Shale				for Correct	ion Date	1: 4/30/16	
				Notes:		tor Correct			
	-1871			1.0103.					
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) 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 my jurisdiction a	nd was comp	oleted on (mo-day	year)	oter Wall Bar	this record is	true to the best of	ny knowled	ge and belief.	
under the business name	e ofLsa	C. 5 1/1 <		i. #61 Kec	ord was com	pleted on (mo-day-	year)		
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.									

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