| WATER WEL | | Form WW(| | | vision of Water ources App. No. | | Well ID | | |
|--|--|--|----------------|--------------|--|---------------------------------|--------------|-------------------|--|
| 1 LOCATIONO | | | | | ction Number | Township Numb | | ge Number | |
| | tlex | A COM | tion /4 NW 1/4 | NE 1/4 | 5 | <i>33</i> T s | | ØE □ W | |
| 2 WELL OWNE | | First | · | Street or Ru | ral Address w | here well is located | | | |
| | nZen. | 15055 | @11 | | | ntersection): If at owner | | | |
| Address: 154/2 N W A A Deb | | | | | | | | | |
| Address. A | | | | | | | | | |
| | | State.//S ZIP: | 0//17 | 120 | -т | | | | |
| 3 LOCATE WELI WITH "X" IN | ' 4 DEPTI | H OF COMPLE | TED WELLS | Z.⊶ ft | . 5 Latitud | le: | | (decimal degrees) | |
| SECTION BOX: | Depui(s) G | nounawater Encour | neieu. 1). | G4 IL. | Longitu | ıde: | | (decimal degrees) | |
| N N | 2) | ft. 3) | ft., oz 4)□ | Dry Well | , , | 🗌 WGS 84 🛮 NAI | | AD 27 | |
| WELL'S STATIC WATER LEVEL: 30 | | | | | | | | | |
| | Delow land surface, measured on (mo-day- | | | | | S (unit make/model: | | | |
| Charlet Surface, incastred on (into-day-yr) Charlet Surface, measured on (mo-day-yr) Charlet Surface, mea | | | | | | | 0) | | |
| | | | | | | | | | |
| Well water was ft. | | | | | | те таррет | | | |
| SW SE | aucr nours pumping g | | | | | | | | |
| | Estimated Yield: | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| S | ft. and | Source: Land Survey GPS Topographic Map Other | | | | | | | |
| 1 mile | | | | | | | | | |
| 1 | | | ambar anall ID | | 10 🗆 0:11 | Field Water Cremter 1 | | | |
| Domestic: ∏ Household | | ☐ Public Water Sup ☐ Dewatering: how | | | | Field Water Supply: le | | | |
| ☐ Household ☐ Lawn & Garder | | | | | | 11. Test Hole: well ID | | | |
| Livestock | | 7. ☐ Aquifer Recharge: well ID | | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigation | | | | | a) Closed Loop Horizontal Vertical | | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor I | | | | Extraction | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. 🗌 Industrial | | ☐ Recovery | ☐ Injection | | 13. 🔲 Othe | er (specify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Was a chemical/bacteriological sample submitted to KDHE? | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | |
| 8 TYPE OF CASING USED: Seel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| 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 | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | | |
| | | | | | | ft., From | ft. to | ft. | |
| | | | | | | ft., From | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: Fro | m | o ft., F | rom | ft. to | | ft. to | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic Tank | | Lateral Lines | ☐ Pit Privy | | Livestock Pens | | cide Storage | | |
| Sewer Lines | _ | Cess Pool | ☐ Sewage Lag | | Fuel Storage | | oned Water | Well | |
| ☐ Watertight Sew | | Seepage Pit | ☐ Feedyard | Ц | Fertilizer Stora | ige ∐ Uil W€ | ell/Gas Well | | |
| ☐ Other (Specify) | | | | | | | | | |
| 10 FROM TO | | LITHOLOGIC L | | FROM | | ITHO. LOG (cont.) or | | GINTERVALS | |
| 0 72 | Vella | W (lan | mixec | | | | | | |
| 12 82 | 1/2/11 | Q 1 (KWD. | V Shall | Ja | | | | | |
| 125 124 | Pinion | Wed O | ha.10 + | West | pr | | | | |
| 14 42 | arail | Shalel | land | | | | | | |
| 7 | 7 | | | | | <u>.</u> | | | |
| | | | | | | | | | |
| | | | | Notes: | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, I 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. | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | |
| | | | S D n | | | | | | |
| | | | | | | | | | |
| 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, Toneka, Kansas 66612-1367, Telephone (785) 296-3565. | | | | | | | | | |

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