| WATE   | R WELL  | RECORD NW SW                | SWSE Form WV  | Division of Wa   | Division of Water Resources; App. No. |                                  |                                       |  |
|--|---|-----------------------------|---|------------------|---------------------------------------|----------------------------------|---------------------------------------|--|
| 1 LOC  | ATION   | F WATER WELL?               | Fraction 1/4 JAM                                      | W.Mr.            | Section Number                        |                                  | Range Number                          |  |
| Cour   | ty:   | regues                      |   |                  | 19<br>Clabal Vagitioni                | TZ6 S<br>ng Systems (decimal deg | R EW                                  |  |
| ì  | nce and di  |                             | n or city street address                              |                  | Latitude:                             | ng Systems (decimal deg          | nees, min. or 4 digits)               |  |
| iocai  | ed within c   | ity? 1714 L                 | refluxor  | ·                |                                       |                                  |                                       |  |
| 2 WA   | TER WEI   | L OWNER: -m?                | Hendre  |                  |                                       |                                  |                                       |  |
|  | , St. Addre   |                             | D. refterer   |                  | Datum:                                |                                  |                                       |  |
| City   | , State, ZIF  | Code : wie                  | lt  | 1                | Data Collection                       | n Method:                        |                                       |  |
| 3 LOC  | ATE WE  |                             | COMPLETED WELI  | <del>. 35</del>  |                                       | ft.                              |                                       |  |
|  | ATION   |                             |   |                  |                                       |                                  |                                       |  |
| WIT  | WITH AN "X" IN SECTION BOX:  Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) ft. below land surface measured on mo/day/yr. 2 ft. below land surface measured on mo/day/yr. 2 |                             |   |                  |                                       |                                  |                                       |  |
| SEC  | TION BO   | X: WELL'S STAT              | WELL'S STATIC WATER LEVEL                             |                  |                                       |                                  |                                       |  |
|  | N   |                             | Pump test data: Well water wasft. after hours pumping |                  |                                       |                                  |                                       |  |
|  | Est. Yieldgpm: Well water wasft. afterhours pumpinggpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well   |                             |   |                  |                                       |                                  |                                       |  |
| NY   | NW   T- NE  |                             |   |                  |                                       |                                  |                                       |  |
| *  | W E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well   |                             |   |                  |                                       |                                  |                                       |  |
|  |   |                             |   |                  |                                       |                                  |                                       |  |
| 81   | Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs  |                             |   |                  |                                       |                                  |                                       |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No  |   |                             |   |                  |                                       |                                  |                                       |  |
| S  |   |                             |   |                  |                                       |                                  |                                       |  |
| 5 TYPI   |   |                             | rought Iron 8   | Concrete tile    | CASI                                  | NG JOINTS: Glued                 |                                       |  |
| _  |   |                             | sbestos-Cement 9 (                                    | Other (specify   | below)                                | Welded                           |                                       |  |
|  | PVC 1.  |                             | perglass .  |                  |                                       | Threaded                         |                                       |  |
|  |   |                             | 2.6 ft., Diameter in., Weight                         |                  |                                       |                                  |                                       |  |
|  |   |                             |   |                  | US./II. Wall II                       | inchiess of guage No             | ·                                     |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)   |   |                             |   |                  |                                       |                                  |                                       |  |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)   |   |                             |   |                  |                                       |                                  |                                       |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |   |                             |   |                  |                                       |                                  |                                       |  |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)   |   |                             |   |                  |                                       |                                  |                                       |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)   |   |                             |   |                  |                                       |                                  |                                       |  |
| From ft. to  |   |                             |   |                  |                                       |                                  |                                       |  |
| GRAVEL PACK INTERVALS: From  |   |                             |   |                  |                                       |                                  |                                       |  |
| From ft to ft From ft to ft  |   |                             |   |                  |                                       |                                  |                                       |  |
| none   |   |                             |   |                  |                                       |                                  |                                       |  |
|  | UT MATI   |                             | nt 2 Cement grout<br>. to <b>5</b> ft., Fron          |                  |                                       |                                  |                                       |  |
| Grout In   |   |                             |   | п                | 11. 10                                | . II., Froiii                    | II. toII.                             |  |
| What is the nearest source of possible contamination:  1 Septic tank  4 Lateral lines 7 Pit privy  10 Livestock pens  13 Insecticide Storage  16 Other (specify              |   |                             |   |                  |                                       |                                  |                                       |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)   |   |                             |   |                  |                                       |                                  |                                       |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Qil well/gas well   |   |                             |   |                  |                                       |                                  |                                       |  |
| Direction from well? How many feet?  |   |                             |   |                  |                                       |                                  |                                       |  |
| FROM   | TO  | LITHO                       | rodic rod   | FROM             | TO                                    | PLUGGING INT                     | ERVALS                                |  |
| 6  | 6   | Jags 2                      | orly o  | - $//$ $-$       |                                       |                                  |                                       |  |
| 6  | 19  | Fin                         | a Jan S   | reform           |                                       |                                  |                                       |  |
| 19   | 35  | Garse -                     | tan bo  |                  |                                       |                                  | (A) (A)                               |  |
|  |   |                             |   |                  |                                       |                                  | , , , , , , , , , , , , , , , , , , , |  |
|  |   |                             |   |                  | -                                     |                                  |                                       |  |
|  |   |                             |   |                  |                                       |                                  |                                       |  |
|  |   |                             |   |                  |                                       |                                  |                                       |  |
|  |   |                             |   |                  | 1                                     |                                  |                                       |  |
|  |   |                             | ,   |                  |                                       |                                  |                                       |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) |   |                             |   |                  |                                       |                                  |                                       |  |
| under my jurisdiction and was completed on (mo/day/year)   |   |                             |   |                  |                                       |                                  |                                       |  |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)  |   |                             |   |                  |                                       |                                  |                                       |  |
| under the business name of Bassless FIRMLY and PRINT clearly Please fill in blanks, underline or circle the correct answers. Send top  |   |                             |   |                  |                                       |                                  |                                       |  |
| three coni   | es to Kansas  | Department of Health and En | vironment, Bureau of Water,                           | Geology Section, | 1000 SW Jackson St                    | t., Suite 420, Topeka, Kansas    | 66612-1367. Telephone                 |  |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at   |   |                             |   |                  |                                       |                                  |                                       |  |
| http://www.kdheks.gov/waterwell/index.html.  |   |                             |   |                  |                                       |                                  |                                       |  |