		RECORD	Form WW		1	Division of Wa	iter [Andrew Committee of the			
		☐ Correction	Change in V	Vell Use	R	esources App.	No.		Well ID		
		WATER WEI	Fra الزياد	NW NW		Section Numb		Township Numb		ge Number	
Cou	nty: کرنے	alexande	9	MANN MANN	4 N W	16		T 27 S		ALE OW	
2 WELL OWNER: Last Name: Parket First: Street or Rural Address where well is located (if unknown, distance and											
Business: 17 E. 4 m T and direction from nearest town or intersection): If at owner's address, check here:											
Address: 1354 m Topse bec direction from nearest town or intersection): If at owner's address, check here:											
Address: Wichity State: K12 ZIP: 67214 1354 - Topselsee											
	2 1001										
		4 DEPTH	OF COMPLE	TED WELL:	31	A 5 X neid	tuda.				
í	I "X" IN ION BOX:		oundwater Encou			1	:uue :4	******************	· · · · · · · · · · · · · · · · · · ·	(decimal degrees)	
SECT	N		ft. 3)			Long	giruae			(decimal degrees)	
1	14	WELL'S ST	ATIC WATER I	EVEL: //		and the second of	m: [] \	WGS 84 □ NAI) 83 [] N	AD 27	
TH		below is	and surface, meas	ured on (mo-day	-vr) 717			atitude/Longitude:			
TANV	NE	and surface, meas	-yr)		☐ GPS (unit make/model:						
	Pump test data: Well water was					Land Survey Topographic Map					
l w	E after hours pumping					Online Mapper:					
CW	SE	ñ.		manic :							
SW -	36	after	hours pump	oing	gpm			a mandrian apparate a partial of manager calculate			
	Fistimated Violds					6 Elevation:					
	S Bore Hole Diameter: in. to					Source	:e: 🛛 L	and Survey 🔲 G	PS To	oographic Map	
Ł	mile	1	*******	in. to	A.)ther	•••••••	**************	
7 WELL WATER TO BE USED AS:											
1. Domesti		5. 🔲	Public Water Suj	oply: well ID		. 10. 🗌 Oi	il Field	Water Supply: Jea	se		
1	Household 6. Dewatering: how many wells?					11. Test Hole: well ID					
1 1	& Garden	7. 🔲	Aquifer Recharge	e: well ID		. 🔲 Ca	ased	☐ Uncased ☐ G	eotechnical		
Lives		8. 🗀	Monitoring: wel	I ID		12. Geoth	hermal:	how many bores?	·		
	2. I Irrigation 9. Environmental Remediation: well ID						losed L	oop 🗌 Horizonta	I ∏ Vertic	al	
3. Teedl			Air Sparge	Soil Vapor	Extraction	b) O ₄	pen Lo	op Surface Disc	charge 🗍 I	ni. of Water	
4. 🗌 Indus	trial		Recovery	☐ Injection		13. 🔲 Ot	ther (sp	ecity):		*************	
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected? □ Yes ▼ No											
8 TYPE OF CASING USED: Dister MPVC Dotter CASING JOINTS: VIGInal District D											
Casing dianteter											
the weight above land surface In. Weight IDS./It. Wall thickness or cause No. (4-1)											
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)											
SCREEN-PERFORATED INTERVALS: From Z. Z. ft. from ft. to											
GRAVEL PACK INTERVALS: From ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest sou	irce of possib	le contamination	0:	***** *********************************		16., 1 10111 .		II. 10	11.		
Septic Tank											
☐ Scwer			ss Pool	Sewage Lag		Fuel Storage	3.3			a11	
Watertight Sewer Lines											
1 Other (Specify)											
Direction from	om well?	mortely	E	istance from we	11? 1.7)		A.			
10 FROM	ТО	LI'	THOLOGIC LO	G Q	FROM			LOG (cont.) or P	LUGGING	NTERVALS	
	8	TOP	200	10			***************************************	<u> </u>			
	15	1	ino t		2						
19	77	Cour	125 - 7	3			······································				
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TV themselver quatinities as analytical	-	Andrew Microsoft and Annie Annie Andrew Andrew Andrew Andrew Annie Annie Annie Annie Annie Annie Annie Annie A	**************************************		Notes:	<u>l</u>					
					indica:					1	
The state of the s		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		territabetik kolonia est av teophilleg planet fra 18. saja sagas.						ľ	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was S 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 Wa	ter Well Con	tractor:©I icen	se Nov	This West		uns record is	true to	othe best of my k	nowledge	and belief.	
under the b	usiness name	of 12	actions.	erriculius wall	wen kec	ord was comp	piered	ouymo-day-year	<i>}!</i>	himlen	
INSTRIC	TIONS: Soud on	e convio WATER 10	FIT (WINED and and	in one come	mant et	English of the Parties	C. 7.00	* * * * * * * * * * * * * * * * * * * *			
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.											
Visit us at http://www.kdheks.euv/waterwell/index.html KSA 82a-1212 Revised 9/10/2012											