WATER WELL R				Divi	sion of Water				
Original Record					urces App. No		Well ID		
1 LOCATION OF W	ATER WELL:	Fraction		3	tion Number			ge Number	
County: OC	19mick	<u> </u>	IE" NW"	N/4	_08	<u>т 21 s</u>		ZE U W	
2 WELL OWNER: Last Name OS + 100 K. First: Chn'Shredirection from nearest town or intersection): If at owner's address, check here:									
Address: 2120 A1 8: LCC C A A									
Address: 2130 N Riversicle Rd									
City: M'CMta State: K5 ZIP: W203									
3 LOCATE WELL	4 DEPTH O	F COMPLETE	D WELL:	ft	5 Latitue	ie:		(decimal degrees)	
WITH "X" IN	1	ndwater Encounter			•	ude:			
SECTION BOX:		ft. 3)		Horizon	ital Datum: WGS 8	4 🗆 NAD	83 NAD 27		
	WELL'S STATIC WATER LEVEL: ft.					for Latitude/Longitude			
		i surface, measured			☐ GP	S (unit make/model:			
NW NE	above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No)			
		Pump test data: Well water was				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
W	Well water was ft.					Оппис маррет.			
SWSE	after hours pumping gpm								
	Estimated Yiel	d:gpm			6 Elevation:ft. Ground Level TOC				
S	Bore Hole Diameter: in. to ft. and					Source:			
mile in. to ft,									
7 WELL WATER TO BE USED AS:									
1. Domestic: Household	5. Public Water Supply: well ID					10. Oil Field Water Supply: lease			
Lawn & Garden						Cased Uncased Geotechnical			
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?			
2. Irrigation		9. Environmental Remediation: well ID				a) Closed Loop Horizontal Vertical			
3. Feedlot	□ A] Soil Vapor Ex	traction		en Loop 🔲 Surface D			
4. Industrial	□R	ecovery	Injection		13. 🔲 Oth	er (specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:									
Water well disinfected? SQ Yes □ No									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Significant Clamped Welded Threaded									
Casing diameter									
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Fiberglass PVC Other (Specify)									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
SCREEN OF REPEOPLATION OFFNINGS 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									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination: □ Septic Tank									
Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned water well Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well									
Other (Specify)									
Direction from well? ft.									
10 FROM TO	LI	THOLOGIC LOG		FROM	TO 1	LITHO, LOG (cont.) c	r PLUGGIN	G INTERVALS	
						V · · · · · · · · · · · · · · · · · · ·			
						and the same of th			
				Notes:	I				
Trotes.									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was a constructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) O. 1.2.1B									
Kansas Water Well Contractor's License No 440 This Water Well Record was completed on (mo-day-year) QU 118/15									
under the business name	e of	mica Hausa	main	Si	gnature		Votar Curro	Caction	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.									
1000 SW Jackson St Visit us at http://www.kdheks			7. Iviali one to W	(ater Well Owi	et and retain of	ie ior your records. Terep	Reviser	7/10/2015	
visit us at http://www.kuneks	LEOVI WAICH WEIL/ INC	N. S.HUIII	F	U-u-12					