WATER WELL R		Form WWC			ision of Water			
Original Record		Change in We			ources App. No.	T	Well ID	
1 LOCATION OF W	ATER WELL: Fraction WE 1/4 SW 1/4 1/4				Section Number Township Number Range Number T Z9 S R 1 5 E W			
County: County: L2 WELL OWNER: L2	zeele z	First:						
Business: A dimension from record tourner or intermedian): If at ourner's address check here:								
Address: Custom Touch Lawn 915 5, Melvin Ct.								
City: Hay SVIlle State: K5 ZIP: (27060)								
3 LOCATE WELL				51.				
WITH "X" IN	4 DEPTH	OF COMPLET	red well:	<u>Q</u> ft	1		(decimal degrees)	
SECTION BOX:	Depth(s) Gr	oundwater Encoun	tered: 1)	IL.				
N	WELL'S ST	TATIC WATER LI	EVEL: 27	Dry Wen	L \ Source for Latitude/Longitude:			
	below land surface, measured on (mo-day-yr).				GPS		;; )	
NW NE	above land surface, measured on (mo-day-yr)					(WAAS enabled?		
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map			
W	after hours pumping gpm Well water was ft.				Li Onlin	Online Mapper:		
swse	after hours pumping gpm					· · · · · · · · · · · · · · · · · · ·		
	Estimated Yield:gpm  Bore Hole Diameter: Q.:5in. to56ft. and				6 Elevation:			
S	Bore Hole I	Diameter:/D.:5	. in. to?	. ft. and			GPS 1 Topograpnic Map	
7 WELL WATER TO BE USED AS: 1: Domestic: 5.  Public Water Supply: well ID								
' ☐ Household 6. ☐ Dewatering: how many wells?								
Mawn & Garden 7. ☐ Aquifer Recharge: well ID					Cased Uncased Geotechnical			
Livestock	☐ Livestock 8. ☐ Monitoring: well ID					nal: how many bore		
2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra						d Loop Horizon	tal ∐ Vertical ischarge ☐ Inj. of Water	
4. Industrial				xuacuon			ischarge in inj. or water	
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: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded								
Casing diameter								
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No/4207.								
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 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								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination:								
Septic Tank								
Sewer Lines								
Direction from well? Distance from well? ft.								
10 FROM TO		THOLOGIC L	OG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS	
9 35	7	DD 5011						
35 35	~	cliay Ned. ara	del -					
20 39		CEWIN	vUI					
31 33	m	ed. gro	Vel					
53 56		300.10						
				Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo day, year)								
under my jurisdiction and was completed on (mo day, year)								
under the business name of M. E.M. W. C. J. M. L. J.								
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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INSTRUCTIONS: Send or Department of He Visit us at http://www.kdh	e copy to WATER alth and Environm	WELL OWNER and renent, Bureau of Water, G	etain one copy for you	r records. Submi SW Jackson St., S KSA 82a-1	Suite 420, Topeka, K	h constructed well along wansas 66612-1367. Teleph	rith one (white) copy to Kansas sone (785) 296-3565. Revised 9/10/2012	