WATER WELL R		Form WV			sion of Water				
Original Record		Change in	Well Use action		irces App. No.	T 1: M. I	Well ID	an Maranhan	
1 LOCATION OF W	Section Number Township Number Range Number T 29 S R O SE W								
	amak		14SE4NW4	Street on Burn	JO	ere well is located			
2 WELL OWNER: La Business:		F							
Address: 1829 BUNGES									
Address.									
City: Maysnive		State: 2	(IP: 01204		T				
3 LOCATE WELL WITH "X" IN			LETED WELL: .		5 Latitude	»:		(decimal degrees)	
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:(decimal degrees)				
N	2) ft. 3) ft., or 4)   Dry Well WELL'S STATIC WATER LEVEL: ft.				Horizontal Datum: WGS 84 NAD 83 NAD 27				
	below land surface, measured on (mo-day-yr)				Source for Latitude/Longitude:  GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W	after hours pumping gpm				☐ Online Mapper:				
	Well water was ft. after hours pumping gpm								
	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC				
S	Bore Hole Diameter: in. to ft. and				Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
mile			in. to	ft.		] Other			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
1. Domestic:	5.	J Public Water	Supply: well ID			eld Water Supply: le			
☐ Household  K Lawn & Garden	6. ☐ Dewatering: how many wells?				Test Hole: well ID  ☐ Cased ☐ Uncased ☐ Geotechnical  ☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock	8. Monitoring: well ID					nal: how many bores			
2. Irrigation	9. E	nvironmental R	emediation: well ID		a) Close	d Loop 🔲 Horizont	al 🗌 Vert	ical	
3. Feedlot	_ ,					b) Open Loop			
4. Industrial		] Recovery	☐ Injection			(specify):			
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									
8 TYPE OF CASING	USED: □ Ş	teel PVC	Other	CASIN	G JOINTS: )	[] Glued ☐ Clamped	l ∐ Welde	d [ Threaded	
Casing diameter in. to Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface who is in. Weight lbs./ft. Wall thickness or gauge No.									
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)									
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	_	Lateral Lines	☐ Pit Privy		ivestock Pens		cide Storage		
☐ 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	I	<b>ATHOLOGIC</b>	LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGIN	G INTERVALS	
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				Notes: 7	-1	16.00			
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, it reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 120000 and this record is true to the best of my knowledge and belief.									
under my jurisdiction and was completed on (mo-day-year) 4.10, 2000 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No									
Kansas Water Well Con	tractor's Lic	ense Np.	HO This Wa	ier Weli Keçê	ra was comp	eted on (mo-day-ye	car) <b>(2.7.4.1</b>	+	
Mail I white copy alo	ng with a fee of	33.00 for each co	nstructed well to: Kan	sas Department c	or nearm and man	HORITICEIL, BUICAU OF W.	aici, GW 15	Jection,	
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.									
	gov/waterwell/			KSA 82a-121	2		Revised	7/10/2015	