	WELL R			WWC-5		sion of Water				
	l Record			ge in Well Use		urces App. No.		Well ID		
1 LOCATION OF WATER WELL:			Fraction	1	tion Number	Township Number		nge Number		
	: SEDGWI			SE 1/4 SE 1/4 NW 1/4		1 T 29 S R 2 ■ E □ W				
2 WELL OWNER: Last Name: GLASER First: GARRETT Street or Rural Address where well is located (if unknown, distance and										
Business: direction from nearest town or intersection): If at owner's address, check he									check here:	
Address: 14851 EAST 75TH STREET SOUTH Address:										
City:	DERBY		State: KS	ZIP: 67037						
3 LOCAT		T								
WITH "				MPLETED WELL: .		, , ,				
Depth(s) Groundwater Encountered: 1)						Longitude:(decimal degrees)				
N 2)π. 3)π., 0 <u>-</u> 4) [Dry Well					
ļ 	WELL'S STATIC WATER LEVEL:38					Source f	or Latitude/Longitude:			
'	'	below land surface, measured on (mo-day-yr).11/06/2017 above land surface, measured on (mo-day-yr)				GPS (unit make/model:)				
NW	NE	Pump test data: Well water was ft.					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
		after hours pumping gpm				Online Mapper:				
W	E	Well water was ft.				Опште маррет.				
sw	SE	after hours pumping gpm								
S		Estimated Vield opm				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
		Bore Hole Diameter:10.5 in. to100 ft. and								
1 r	nile		in. to ft.			Other				
7 WELL WATER TO BE USED AS:										
1. Domestic	:	5. □	Public Wa	ater Supply: well ID			Field Water Supply: le			
. —] Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID				
. —	Lawn & Garden 7. ☐ Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical				
. —	Livestock 8. Monitoring: well ID						mal: how many bores			
2. Irrigati							a) Closed Loop Horizontal Vertical			
. —	3. Feedlot Air Sparge Soil Vapor Ext					b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (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										
Casing diameter										
Casing height above land surface										
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: From50										
CRAVEL DACK DITERVALS: From										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Nearest source of possible contamination: ■ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage										
■ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well										
Sewer Lines Cess Foot Sewage Lagoon Fuct Storage Abandoned Water Well Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well										
Other (Specify)										
Direction from well? NORTH WEST Distance from well? .150 ft.										
10 FROM	ТО		LITHOLO		FROM		ITHO. LOG (cont.) or		G INTERVALS	
0		TOP SOIL								
1		CLAY								
30		AQUA SHAI	LE							
50		GRAY SHAI								
					1					
					Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ■ constructed, □ reconstructed, or □ plugged										
under my i	urisdiction a	nd was comp	leted on (r	no-day-year) .1.1/Q 5 /	2017 and	this record is	true to the best of my	v knowled	ge and belief.	
Kansas Wa	iter Well Co	ntractor's Lic	ense No	884 This W	ater Well Rec	ord was com	oteled on (mo-day-ye	ear)	1401.17	
under the b	usiness nam	e of .WENUN	iger.dr	ILLING LLC	Si	gnature			• • • • • • • • • • • • • • • • • • • •	
Mail	1 white copy alo	ong with a fee of	\$5.00 for ea	ch constructed well to: Kar	nsas Department	of Health and Er	vironment, Bureau of Wa	ater, 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.										
Visit us at http	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									