WATER WELL		Form WW		Di	vision of Water				
Original Record		☐ Change in V			ources App. No.		Well ID		
1 LOCATION OF WATER WELL: Fraction					Section Number Township Number Range Number				
County: TACKSON NWANWSWW 1/4 7/ T T C DATE TW									
2 WELL OWNER: Last Name: MORRIS First: LARRY Street or Rural Address where well is located (if unknown, distance and									
direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City: HOLY	in	State: HS ZII	66436	21/2	SOUTH O	ON PRO.			
3 LOCATE WELL	1		_				caal		
WITH "X" IN	Donth(s) Cr	OF COMPLE	ETED WELL:	<u>.</u> t	D ft. 5 Latitude: 39 0 25 490 V (decimal degrees)				
SECTION BOX:	Depth(s) Gr	oundwater Encot	ıntered: 1) ft., or 4)∫	It.	Longitude: 7.5. 45.433 W. (decimal degrees)				
N			LEVEL: . Z . 4		Datum: WGS 84 NAD 83 NAD 27				
	below la	and surface, meas	sured on (mo-day-	vr) 9/18/0		Source for Latitude/Longitude:			
NW NE	above la	and surface, meas	sured on (mo-day-	vr)	~ ~	☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)			
	Pump test da	ata: Well water v	vas f	t.		☐ Land Survey ☐ Topographic Map			
W E	after	hours pum	ping	gpm	Online Mapper:				
SW SE			was 1						
	after	hours pum	ping	gpm	6 Florestic	n. a =	10 - 11 1 T TOG		
S	Bore Hole Diameter: ././ Lin. to 5.0				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
mile	Bore Hole Diameter: in. to in. to				Other				
7 WELL WATER T	O BE USED A		III. 10	11.					
1. Domestic:			ipply: well ID		10 🗆 Oil Fi	ald Water Cumply: loogs			
Household	6. 🗆	Dewatering: ho	w many wells?	•••••••••••••••••••••••••••••••••••••••	10. Oil Field Water Supply: lease				
Lawn & Garden	7. 🗖	Aquifer Recharg	ge: well ID		☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. 🔲	Monitoring: we	ll ID			12. Geothermal: how many bores?			
2. Irrigation			nediation: well II			a) Closed Loop			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Ex			Extraction	b) Open	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 🔲 l	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)									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
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									
GRAVEL PA	CK INTERVA	LS: From .2 .	ft. to . 5. C	ft., From .	ft. to	ft., From	ft. to ft.		
GRAVEL PACK INTERVALS: From 20 ft. to 5.0 ft., From ft. to ft., From ft. to ft. ft. 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank	=	ateral Lines	☐ Pit Privy		Livestock Pens	☐ Insecticide			
☐ Sewer Lines ☐ Watertight Sewer L	_	Cess Pool	Sewage Lag		Fuel Storage	Abandone			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)									
Direction from well?	50014	WEST	Distance from we	 ell?	5	ft.			
10 FROM TO		ITHOLOGIC L		FROM			UGGING INTERVALS		
0 4	TOPSOI					(John) of I L	. John Jan Hart Mad		
4 8		CLAY							
8 27	51171	BRINN C	CLAY						
27 35	RED	SHALE							
35 76	LIME								
36 50	REOS	MALE							
				Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, \Box reconstructed, or \Box plugged									
under my jurisdiction and was completed on (mo-day-year) . 7/1 8/2013. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 5 This Water Well Record was completed on (mo-day-year) 7/130./2013									
under the business nam	ne of	ilse ivo 9.	29-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ier well Red	ord was comple	ted on (mo-day-year)	7.1.59.1.Z915		
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.									

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html