		RECORD	Form WWC		Divi	ision of Water				
	Original Record Correction Change in Well Use				urces App. No.		Well ID	_		
1 LOCAT	County: RIC SEVANEY									
2 WELL	ELL OWNER: Last Name://///Tegy First: 1-1711					Street or Rural Address where well is located (if unknown, distance and				
Business: Address:	WELL OWNER: Last Name: While First: Herry 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: Mawhallow State: KS ZIP: 66503										
3 LOCAT			,	-	1		11 019 11	110		
	WITH "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)					5 Latitude: Wa. 39 16, 160 (decimal degrees)				
SECTIO		Depth(s) Gr	oundwater Encounte	ered: 1)	Dry Wall	Longitudel . 096 . 42. 10				
N		2) ft. 3) ft., or 4) well's Static water level: 5.					☐ WGS 84 ☐ NA or Latitude/Longitude			
	below land surface, measured on (mo-day-					GPS (unit make/model:)				
NW	above land surface, measured on (mo-day-pump test data: Well water was					t.		enabled?		
w H										
'	Well water was						me Mapper:	•••••••••••••••••••••••••••••••••••••••	••	
SW	SW SE after hours numping					6 Floresti	1.301	. Ground Level TOC		
	S Bore Hole Diameter:							GPS ☐ Topographic Mar		
	1 mile					ft. Other				
7 WELL WATER TO BE USED AS:										
	1. Domestic: 5. Dublic Water Supply: well ID									
_	☐ Household 6. ☐ Dewatering: how many wells?									
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID #Livestock 8. ☐ Monitoring: well ID									
2. Irrigati			nvironmental Remed							
3. Feedlo	B. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E					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	disinfect	ed? Yes	NO PVC D O		CACIN	IC IONITS.	Clara Clara	I D Walded D Theredad		
8 TYPE OF CASING USED: Steel PVC Other										
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 OPEN AS 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										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)										
Direction fro	om well?.		D	istance from we	:11?		fi	•		
10 FROM	TO	1	ITHOLOGIC LO	G	FROM	TO L	ITHO. LOG (cont.) o	r PLUGGING INTERVAL	S	
0	-	19/ 201			70	01 9	- MISTONE			
/	0	DIOWN	Chall		27	19	I'M IT	(Jester)	_	
-69	11	Lieucia	Limesian		24	8/1	SALL SHALL	The same of	_	
1/	17	Vertow	YENOW Shall		70	87 8	Iban Shell	•	_	
12	19	LimisTon	LimisTork		87	93 2	instone			
19	25	UCHOW	ychow shile		1963:	102 G	y DEY SHE			
25	27 Linister				157	1041 4	the Shall Sha	V		
27 11 CONT	56	P'S ODI SAIN	WNED'S CEDT	CIFIC A TRION	140/	Zigil was I	CONSTRUCTION OF THE	onstructed or Dalugger	<u>.</u>	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: (Ins. water Well was [constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.										
Kansas wa	iter well	Contractor's Lic	ense No	Ims wa	ter wen kec	ora was comp	neted on (mo-day-y	ear) 7/1.6./.20/	5	
under the b		ame of .	CMAN W	n smu	y	······	eag My	CHAPE		
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed will 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.										
	-	v.kdheks.gov/waterwell			KSA 82a-1			Revised 9/10/2012		