	WELL RI		Form WWC			sion of Water			
	Record		Change in We		· · · · · · · · · · · · · · · · · · ·	irces App. No		Well ID	
1 LOCATION OF WATER WELL: Fraction Sw/4 Sw/4 Sw/4 Sw/4 Sw/4 Sw/4 Sw/4 Sw/4									
2 WELL	OWNER: Las	st Name: 1/	A \ / First:	CALL IS	treet or Rur	al Address w		(if unknown, distance and	
\mathbf{A}									
Address: 417 E. 3 eb. direction from nearest town or intersection): If at owner's address, check here: Address:									
	City: MINNICAPONIS State: TU ZIP: 67401								
3 LOCATE		A DEPER	OF COLUMN	U I I I I I I I I I I I I I I I I I I I	129 .				
WITH "Y	(" IN	4 DEPTH	OF COMPLET	ED WELL:	1991I ft.			(decimal degrees)	
SECTION		2)	oundwater Encount	ft. or 4) □	ft. Longitude:				
N		WELL'S ST	ATIC WATER LE	EVEL: 8.0	_ . ft.	Source for Latitude/Longitude:			
	l	🛛 below la	and surface, measured on (mo-day-yr) 9-04-			GPS (unit make/model:)			
NW	NE	🔲 above la	ınd surface, measu	red on (mo <u>-da</u> y-y	r)	(WAAS enabled? ☐ Yes ☐ No)			
		rump test da	ta: well water wa	water was			☐ Land Survey ☐ Topographic Map		
W	Well wate				★℃ gpm □ Online Mapper: ft.				
SW	SE		hours pumping gpm						
Estimated			ield:gnm	-	6 Elevation:ft. Ground Level TOC				
S		Bore Hole D	Piameter:	tt. and	Source: Land Survey GPS Topographic Map Other				
1 mile in. to ft.									
1. Domestic: 5. Public Water Supply: well ID									
	☐ Household 6. ☐ Dewatering: how many wells?								
	Lawn & Garden 7. ☐ Aquifer Recharge: well ID					Cased Uncased Geotechnical			
_	☐ Livestock 8. ☐ Monitoring: well ID						rmal: how many bor		
2. ☐ Irrigation 3. ☐ Feedlot	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E.					,			
4. Industri			. •	☐ Injection	Machon			or scharge ing. or water	
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted:									
Water well disinfected? Yes \(\sigma \) 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 🛛 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 ☐ 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									
Other (Specific)									
Direction fro	m well?				<u> 11?</u>	<u>O</u>		ft	
10 FROM	TO	I	ITHOLOGIC LO		FROM	TO I	LITHO. LOG (cont.)	or PLUGGING INTERVALS	
0	2	EILL DI							
2	12		BEOWN						
12 24	24		LT. GRAY	Chair Da					
~ ~ ~ /	129	MNDST	ONK, TAN,	FINL GEA	שוו				
					Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) or plugged. The water well Record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No									
mider my jurisdiction and was completed on (mo-day-year)//////									
under the business name of P.E.S.T.I. N.G.E.L. P.U.M.P. SELVICE									
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-12			Revised 9/10/2012	