| | | RECORD | Form WW(| | | sion of Water | | | | |
|--|---|--------------|--------------|-------------|---|--|---|---------------------------|--|--|
| | | Correction | Change in W | | | urces App. N | | Well ID | | |
| | County: OTAWA Fraction SE 1/45 W/45 W | | | | Section Number Township Number Range Number | | | | | |
| | | | | | NW/4 (| 32 | T /2 S | R G DE WW | | |
| 2 WELL | OWNER | : Last Name: | First: | - | Street or Rur | al Address v | where well is located | (if unknown, distance and | | |
| Business: | Business: WHISKEY LAND TRUST Address: A130 S. OHIO Address: A130 S. OHIO | | | | | | | | | |
| Address: | alige | Ja, UH | | (0 | AND 10 | | | | | |
| City: | JAL | INA | | | | | AST SIDE | | | |
| 3 LOCAT | | 4 DEPTE | I OF COMPLE | red well: | 52 A | 5 Latitu | de. | (decimal degrees) | | |
| | Denth(s) Groundwater Encountered: 1) | | | | Ø ft. | | | (decimal degrees) | | |
| | SECTION BOX: 2) | | | | | Datum: WGS 84 NAD 83 NAD 27 | | | | |
| 1 | WELL'S STATIC WATER LEVEL: | | | | | a | for Latitude/Longitude | | | |
| | | | | | | GI | GPS (unit make/model:) | | | |
| NW | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well water was | | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W | E after | | | | | Online Mapper: | | | | |
| SW | - SW SE after hours pumping | | | | | | | | | |
| | Estimated Yield:gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | S Bore Hole Diameter:/D in. to5. | | | | ft. and | Source: Land Survey GPS Topographic Map | | | | |
| 1 | | | | . in. to | | ☐ Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| | 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | |
| | Household 6. Dewatering: how many wells? | | | | | | 11. Test Hole: well ID | | | |
| | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | | |
| | XLivestock 8. ☐ Monitoring: well ID | | | | | | a) Closed Loop Horizontal Vertical | | | |
| | Irrigation Environmental Remediation: well ID. Feedlot Air Sparge Soil Vapor Ex | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Indust | | | Recovery | ☐ Injection | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes Yo If yes, date sample was submitted: | | | | | | | | | | |
| Water well disinfected? Yes \(\subseteq No | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | |
| 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: From | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Sentonite 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 (Specify) Direction from well? | | | | | | | | | | |
| 10 FROM | TO | | LITHOLOGIC L | | FROM | | | or PLUGGING INTERVALS | | |
| MON1 01 | + | | TONE TA | | TROM | - 10 | Littlo. Log (cont.) c | TTEOGOTTO INTERVALS | | |
| 52 | 52 | SHALE | | | | | | | | |
| _ Ox | | GFIFILE | 4647 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | | | | | | | | |
| | | | | | 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) 2 | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) 27.1.2. and this record is true to the best of my knowledge and belief | | | | | | | | | | |
| under the business name of P.E.S.T. I. NGER | | | | | | | | | | |
| DISTRICTIONS and was WATER WELL ONGER and with a feet of | | | | | | | | | | |
| 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. | | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012 | | | | | | | | | | |