

M	_		RECORD		WWC-5 1245	L		on of Wate					
			Correction				11			Well ID			
I	LOCATION OF WATER WELL: County:				FractionSe $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			tion Number Township Number T S				Range Number R \square E \square W	
2		OWNER: 1	aat Nama		First:		Dural	Address	ess where well is located (if unknown, distance and				
4	Business:	OWNER, I	Last Ivallie.		11181.		a nearest town or intersection): If at owner's address, check here:						
	Address:					uncention no					s address,		
	Address:		G	710									
2	City: LOCAT			State:	ZIP:								
3	WITH "				IPLETED WELL: ft.			5 Latitude:(decimal degrees)					
	SECTIO			Encountered: 1) 3) ft., or 4)					e:				
	Ν	1					WGS 84 INAL		AD 27				
				WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)					Source for Latitude/Longitude: GPS (unit make/model:) (WAAS enabled? Yes No)				
	NW	NE											
	10,0,		Pump test data: Well water was ft.					\Box Land Survey \Box Topographic Map					
W		E	after	after hours pumping gpm					Online Mapper:				
	SW	SE	Well water was ft.										
				after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
		X						Source: Land Survey GPS Topographic Map					
	1 n	-		in. to		□ Other							
7 WELL WATER TO BE USED AS:													
1.	Domestic:				ter Supply: well ID		10. Oil Field Water Supply: lease						
					ng: how many wells?			11. Test Hole: well ID					
					echarge: well ID				\Box Uncased \Box C				
	Livesto				well ID Remediation: well ID				al: how many bores				
	☐ Feedlo			Air Sparge			a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water						
	Industr			Recovery		13. Other (specify):							
W	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
	Water well disinfected? \Box Yes \Box No												
8	TYPE O	F CASING	USED: 🗆 St	teel 🗌 PV	C 🗌 Other	CAS	SING	JOINTS	S: 🗆	Glued Clamped	U Welde	1 🗌 Threaded	
	Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.												
	Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
T	TYPE OF SCREEN OR PERFORATION MATERIAL:												
	Steel Stainless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)												
SC	SCREEN OR PERFORATION OPENINGS ARE:												
	□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
	Louve	red Shutter	🗌 Key Punch	ied 🗌 W	vire Wrapped 🛛 Sa	w Cut] None	e (Open H	Hole)				
SC					n ft. to								
					n ft. to								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
			II. to le contaminati o		n., From	π. το		ft., From	•••••	It. to	π.		
	Septic			Lateral Line	es 🗌 Pit Privy		□Liv	vestock Pe	ens	☐ Insectic	ide Storage		
	Sewer I			Cess Pool				el Storage		Abando			
		ght Sewer Li					Fer	rtilizer Sto	orage	🗌 Oil Wel	ll/Gas Well		
					Di-t					•			
	FROM	TO TO		ITHOLO	Distance from we	FROM		то		HO. LOG (cont.) or		GINTERVALS	
10	TROM	10	L	molo		TROM	-	10			Leoon	O IIVILK VILD	
							1						
							\perp						
						NT 4							
	Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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 Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)													
under the business name of													
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.													
	-		eks.gov/waterwell		, 3,,,		,		.1.			A 82a-1212	