WATER WELL R  ✓ Original Record		Form WV			ision of Water ources App. No.		] Well ID		
1 LOCATION QF W	ATER WE		action E/ANE/ASW/A		tion Number	Township Numl	ber Rang	ge Number	
County: 3/4/2  2 WELL OWNER: La	LINE ast Name: K	N N E E	1/4/VE/4518/4	Street or Ru	ral Address wh	T / S S nere well is located		□ E 🕵 W	
					nearest town or in	tersection): If at owne	er's address, cl	neck here: 🔀	
Address: Address: Address: Address: City: Carlot & State: XX ZIB: 6340									
Address. City: SALINA State: XV ZIP: 6040 202 GEL 13 1876 (decimal degrees)									
WITH "X" IN						e:			
SECTION BOX:	2)	ft. 3)	ountered: 1) <b>&amp; </b>	Dry Well		<b>de</b> : □ WGS 84 □ NA			
			R LEVEL: <b>Al</b> easured on (mo-day-y		Source for	or Latitude/Longitude	<u>e</u> :		
NW NE	above	land surface, me	asured on (mo-day-y	r)		(unit make/model: (WAAS enabled?			
w E	Pump test	data: Well water	r was ft.	nm	☐ Land Survey ☐ Topographic Map				
W	Well water was ft.								
5     5	after hours pumping				6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter:				Source: Land Survey GPS Topographic Map				
1 mile  Other									
1. Domestic:	5. [	☐ Public Water	Supply: well ID		10. 🗌 Oil F	ield Water Supply: 1	lease		
☐ Household ☑ Lawn & Garden	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID				
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?			
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Ext				a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. ☐ Industrial		Recovery	☐ Injection	xuacuon		r (specify):			
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:									
Water well disinfected? Yes No									
8 TYPE OF CASING USED:       Steel ▼ PVC □ Other       CASING JOINTS:       □ Glued □ Clamped □ Welded □ Threaded         Casing diameter       in. to       ft., Diameter       in. to       ft., Diameter         Casing height above land surface       in. Weight       lbs./ft.       Wall thickness or gauge No.       Steel ▼ PVC □ Other									
Casing height above land surface									
Steel □ Stainless Steel □ Fiberglass □ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:									
Continuous 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 PAC	ED INTERV CK INTERV	ALS: From ALS: From	5.7. ft. to	ft., From ft. From	ft. to ft. to	ft., From	ft. to . ft. to	ft. ft	
9 GROUT MATERIAL: Neat cement Cement grout Sentonite Other									
Grout Intervals: From									
☐ Septic Tank		Lateral Lines	☐ Pit Privy		Livestock Pens		icide Storage		
☐ Sewer Lines ☑ Watertight Sewer Lin		Cess Pool Seepage Pit	☐ Sewage Lag ☐ Feedyard		Fuel Storage Fertilizer Storag		loned Water W ell/Gas Well	/ell	
Other (Specify)	····/::1::7::6:	scopage I II	***************************************		retuitzet Storaş	ge 🗀 On W	en/Gas wen		
Direction from well?  10 FROM TO	wes	LITHOLOGIC		11? <b>A.Q.</b>		fi THO. LOG (cont.) o		INTERDITALE	
0 2		DIET	LOG	FROM	10   Li	THO. LOG (cont.) o	or reading	INTERVALS	
3, 18	CLAY	BROWN	SILTY	_					
18 45	SANOS	L DACK	TAN VERY	JULTY					
700	UITIL	e oner	GA:CH X					***************************************	
				<b>*</b>					
				Notes:	1.	1,714 8-1	12 SA	ND	
5 V Amm - Marin	- 114.4 V								
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) O. A. The constructed is true to the best of my knowledge and belief.									
Kansas Water Well Con	Kansas Water Well Contractor's License No. 3.4 This Water Well Record was completed on (mo-day-year) 0.4								
under the business name	e of P.K.S	TINGERE	<u>)p.u.m.e</u>	JERNU	<u>CC</u>				
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, Topcka, Kansas 66612-1367. Telephone (785) 296-3565.									

KSA 82a-1212

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