	ATER WELL RECORD Form WWO Original Record Correction Change in W								Well ID		
1 LOCATION OF W.			raction	50		ources App. ction Numb		Township Nµmb		ge Number	
County: SAL		11. A	14.C	5/4 NW4	SE1/4 30	17	JC1	T S		Be Mannber □ E \\\	
2 WELL OWNER: La	ist Name: Ω	200	First: M	/	Street or Ru		s whe	ere well is located			
Husiness			1 1150. //(rsection): If at owner			
Address: 429	GREY	いかいた				ALCO .	•	•	•		
Address: SALINA State: KU ZIP: LOTYOI 429 GREYSTONE											
3 LOCATE WELL		,			الأسلى						
WITH "X" IN		OF COMP									
SECTION BOX:	Depth(s) Groundwater Encountered: 1)					Lon	Longitude:(decimal degrees)				
N	WELL'S STATIC WATER LEVEL:					2 1412 03					
	below land surface, measured on (mo-day-yr					Source for Latitude/Longitude: GPS (unit make/model:)					
NW NE	above land surface, measured on (mo-day-yr)					🗀 '	(WAAS enabled? Yes No)				
	Pump test data: Well water was A ft.						☐ Land Survey ☐ Topographic Map				
W E	after1 hours pumping30 gpm						Online Mapper:				
SW SE	Well water was ft.									797/945	
	after hours pumpinggpm Estimated Yield:gpm					6 Elev	6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter:						Source: Land Survey GPS Topographic Map				
mile	in. to ft.					Other					
7 WELL WATER TO											
1. Domestic:		Public Water				10. 🔲 (Dil Fie	eld Water Supply: 16	ase		
Household		6. Dewatering: how many wells?						: well ID			
☐ Lawn & Garden☐ Livestock		7. ☐ Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?				
2. Irrigation	9. Environmental Remediation: well ID							l Loop 🔲 Horizont			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction						b) Open Loop Surface Discharge Inj. of Water				
4. Industrial		Recovery		njection				(specify):			
Was a chemical/bacter	iological sai	nple submit	ted to Kl	DHE? 🗆 Y	es 🕍 No	If yes, da	te sar	nple was submitte	d:		
Water well disinfected?						•		•			
8 TYPE OF CASING USED: ☐ Steel ▼PVC ☐ Other											
Casing diameter											
				:I.6D	lbs./ft.	Wall thic	ekness	s or gauge No. 🥄 💋	L. 3.6.		
TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Fiberglass □ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ♣35 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft											
Louvered Shutter	☐ Key Punc	hed 🔲 Wire	Wrapped	I □ Say	Cut 🔲 l	None (Open	Hole)				
SCREEN-PERFORATE	D INTERV	ALS: From	∵ 2 71i	t. to9.9	ft., From	ft.	to	ft., From	ft. to	ft.	
O COOLT MATERIA	KINLERV	ALS: From .		t. to\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ft., From	<u>it.</u>	to	ft., From	ft. to	ft.	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible			t., 1 10iii	L	10	11., 11011	и	it. 10	It.		
☐ Septic Tank		Lateral Lines		Pit Privy		Livestock P	ens	☐ Insection	ide Storage		
☐ Sewer Lines	☐ Cess Pool ☐ Sewage Lagoo										
Watertight Sewer Lin ☐ Other (Specify)		Seepage Pit		Feedyard		Fertilizer S	torage	☐ Oil We	ll/Gas Well		
Direction from well?	NOET	H EAST	Dictar	nce from we	 19	45		ft.			
10 FROM TO		ITHOLOGI		ice from we	FROM	ТО		HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
0 2	FILL D			MANAGE LEVEL CONTRACTOR CONTRACTO		10		110.150 5 (00111.) 01	1 EC GGIII	SHTERTIES	
3 14		TAID SIL	TX								
16 29		TAID 311									
24 29		BLOWD			1000700000						
<u> </u>	CLAY	BROWN	SILT	r y				*****			
37 50	JAND	FINE		IFT	AT .	L		***************************************			
50 58	DEIFT			***********	Notes:	. (1	1-1:	2 2 4	NN	
00	SHAL	e ala	*		PAI	k li	117	H 8-10	x 5 m		
11 CONTRACTOR'S	OR LAND	WNER'S	ERTIF	ICATION:							
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)											
Kansas Water Well Con	Kansas Water Well Contractor's License No. 373 This Water Well Record was completed on (mo-day-year) 04										
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-1212

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