WATER WELL R		Form WWC			ision of Water				
Original Record		Change in We			urces App. No.		Well ID		
1 LOCATION OF W		LL: Fracti	on NE4SW/4	Sec Sec	tion Number	Township Numb		,	
County: SAL							RA DE W		
2 WELL OWNER: Last Name: Business: HECKED COMST. Eigst:				Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:					
Address: 22 21 Profile April				1724 KAGLE CERST					
	•			110	1/dy KAGLACELA				
City: SAL/A		State: ZIP:	(614E)	1 1					
3 LOCATE WELL	4 DEPTH	H OF COMPLET roundwater Encount	ED WELL;	.ft.	5 Latitud	e:	(decimal degrees	s)	
WITH "X" IN SECTION BOX:	Depth(s) G	roundwater Encount	tered: 1)	<b>1</b> ft.			(decimal degrees		
N SECTION BOX.	2)	π. 3)	π., or 4)	J Dry Well		□ WGS 84 □ NAI		_	
	WELL'S S	TATIC WATER LE	EVEL:		Source f	or Latitude/Longitude			
	below land surface, measured on (mo-day above land surface, measured on (mo-day Pump test data; Well water was			yr) <b>!</b>	'  CPS			)	
NW NE				(					
w	after hours pumping 20.								
Well water was						me mapper	•••••	•••	
after hours pumping				gpm	( Til				
	Estimated Yield:gpm			6 Elevation:					
S Bore Hole Diameter:					Source: Land Survey GPS Topographic Map Other				
	DE HCED		in. to	π.				··	
7 WELL WATER TO BE USED AS:									
1. Domestic:									
Lawn & Garden		Aquifer Recharge:							
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?				
2. Irrigation	9. E	invironmental Reme	diation: well ID	)		ed Loop   Horizont			
3.  Feedlot					b) Open Loop    Surface Discharge    Inj. of Water				
	4. Industrial Recovery Injection 13. Other (specify):								
Was a chemical/bacteriological sample submitted to KDHE?   Yes Solo If yes, date sample was submitted:									
Water well disinfected?	Yes 🗆	No			VO VOD IEGO			_	
8 TYPE OF CASING USED: Steel XPVC Other CASING JOINTS: Glued Clamped Welded Threaded									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in to ft., Diameter in to ft., Diameter in to this ft. Wall thickness or gauge No. S.D.C. 26									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ VC ☐ 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 Sentonite Other									
Grout Intervals: From									
Nearest source of possib					201, 2 2022 111				
☐ Septic Tank		Lateral Lines	☐ Pit Privy		Livestock Pens	_	cide Storage		
Sewer Lines		Cess Pool	Sewage La						
Watertight Sewer Li	nes $\square$	Seepage Pit	☐ Feedyard		Fertilizer Stora	ge □ Oil We	ell/Gas Well		
Other (Specify)  Direction from well? NOLTH Distance from well? DVEC 190 ft.									
10 FROM TO		LITHOLOGIC LO		FROM			r PLUGGING INTERVAL	S	
Q 3		DIET		11.01.1				_	
3 12	CLAY	TAN SILT	ГУ					_	
12 32	SAND								
12 32	SAWD		MED TA	الوا					
103	SHAL	E GRAY							
				Notes:					
			-tr						
11 CONTENT CERCE	OD LAND	OWNED CED	TIPICATION	In This seed		a a material C	anatmusted on Turbure	-1	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)									
L Kansas Water Well Contractor's License No. (3/1/4) Lhis Water Well Record was completed on (mo-day-year) - (3/1/4)									
under the business name of PESTING ER PUAR SERVICE									
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.									
Department of H	eaun and Environi	nent. Bureau of Water, Cie	edidev Section, 1000	SW Jackson St., 3	ouite 420, Topeka. I	Nausas ooo (2-130). Telebh	AURE 1 / 831 290-3303.		

KSA 82a-1212

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