| | | RECORD | Form WWC | | | vision of Wate | i | Well ID | |
|---|---|-----------------------|---------------------------------------|----------------------------|------------------------|--|--|----------------|---|
| Original | Record | Correction | Change in We | | | ources App. 1 ction Numbe | | | nge Number |
| I LOCAT: | ION OF | WATER WEL 7 LINK | L: Fracti | 8W48E4 | SK 1/4 | 17_ | T /4 | S R | 2 DE NW |
| | | : Last Name: | | CINDY | Street or Ru | | where well is locat | | |
| | | | HOLLOU | De l | | | r intersection): If at ov | - 1 | |
| Address: Address: | | | | | 106 |) 6 C | QUAIN A | FOLLE | De. |
| City: | | INA | State: KC ZIP: | 62401 | | | | | |
| 3 LOCATE WITH "> | | 4 DEPTH | OF COMPLET | ED WELL: | | . 5 Latit | ude: | | |
| SECTIO | | Depth(s) Gr | roundwater Encount | کونtered: 1) 1 (e or 4) | ,.C, It. 7 Dry Well | | i tude : | | |
| N | | | CATIC WATER LE | VEL:みい. | ,tt | Source Source | e for Latitude/Longitude | | NAD 27 |
| | below land surface, measured on (mo-day- | | | | | 1 00 | PS (unit make/mode) | | |
| NW | above land surface, measured on (mo-day | | | | уг) | | | | |
| | Pump test data: Well water was | | | | gpm | | and Survey ☐ Tope Inline Mapper: | | |
| W | , 1 | | Well water wa | ıs fi | t. | | ······ | | , |
| SW | after hours pumping | | | | | 6 Eleva | tion: | A C Groun | d Level CT TOC |
| S | | Estimated Y | /ield:gpm Diamete r: 10 | in to 69 | . ft. and | | e: 🔲 Land Survey | | |
| m | | Dore Hole I | //ametet | in. to | ft. | | Other | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | | Public Water Supp | | | | il Field Water Supply Hole: well ID | | |
| Househ | | 6. [_ | Dewatering: how Aquifer Recharge: | many wells? | *************** | | ased [] Uncased | | |
| Lawn & | | %. - | Monitoring: well | ID | | | hermal: how many be | | |
| 2. Irrigatio | Irrigation 9. Environmental Remediation: well I | | | | | a) Closed Loop 🏻 Horizontal 🗀 Vertical | | | |
| 3. Feedlot Air S | | | | Soil Vapor B | extraction | | pen Loop 🔲 Surface | | |
| 4. Industri | | | | ☐ Injection | | | ther (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 diameterin. toft. Diameterin. toft. Diameterin. toft. | | | | | | | | | |
| Casing diameter S. in. to S. ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 1.2 in. Weight Ibs/ft. Wall thickness or gauge No.S.D.C.26. | | | | | | | | | |
| 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 Mill Slot, 020 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Sapy Cut □ None (Open Hole) | | | | | | | | | |
| 3CREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| GROUT MATERIAL: Nest cement Cement grout Bentonite Other Jrout Intervals: From Q ft, to 77 ft, From ft. to ft. to ft. to ft. Vearest source of possible contamination: PLC PLS FOR 5. POSTINGLE 9/28/17 | | | | | | | | | |
| Vearest sour | ce of poss | ible contaminati | pn: PILC as | ou 5. Pag7 | المردة | 128/17 | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | | |
| Sewer Li | | | Cess Pool | ☐ Sewage Lag ☐ Feedyard | | Fuel Storage Fertilizer Sto | | ndoned Water | |
| Other (Specify) | | | | | | | | | |
| Direction from well? | | | | | | | | | |
| 9 FROM | то | | ITHOLOGIC LO | G | FROM | TO | LITHO. LOG (cont.) | or PLUGGIN | IG INTERVALS |
| $-\boldsymbol{\varrho}$ | <u>Q</u> | | DIET | 0001 | | | | | |
| - 2 | 21 | | BEDWO TO L | J. GRAY | | | | | |
| 56 | 68 | SAND F | SILTY CLA | GLAVEL. | DROWN | | | | |
| 00 | <i>O</i> 5 | 1 0 7 10 5 7 | NE /CECCE | 19 F HVLL | Sec N.O | | | | |
| | | † | | | | | | | |
| | | | | | Notes: | | | | |
| | | | | | | | | | |
| CONTR | ACTOB | 20 OB LAMBO | WANDS OFDI | METCATION | This water | · ···all ·····a | Zamatanusta d | | |
| 1 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was constructed, and reconstructed, or plugged noter my jurisdiction and was completed on (mg-day-year) | | | | | | | | | |
| ansas Water Well Contractor's License No. S. A. This Water Well Record was completed on (mo-day-year) QV-23-17 nder the business name of PKSTAD GRAD. PROPERTY OF STADE | | | | | | | | | |
| ider the bus | siness nai | me of PESITIAL | D. Gala. C. P.U. | MP. JAK.L | .10 Km | ····· JCen | refered telal | -0- | |
| 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. | | | | | | | | | |
| | | dheks.gov/waterwell/i | | | KSA 82n-12 | | | | iono, red 9/10/2012 |

Revised 9/10/2012