WATER WELL RI		Form WW			sion of Water			
☑ Original Record ☐ Correction ☐ Change in Well Use					urces App. No.		Well ID	
1 LOCATION OF WA	ATER WELI INDE	L: Frac	tion 4SE 14SE 14	Section Section	tion Number	Township Numb	er Range Number R 3 □ E X W	
County: SAA	st Name: TO	199 First	· M. OHO 6 1	Street or Rur	al Address wh			
2 WELL OWNER: Last Name: TRIPP First: MICHAEL 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: 1613 RED WOOD DE. Address: 1613 RED WOOD DE. 1613 RED WOOD DE. 1613 RED WOOD DE.								
City. Space of State.								
3 LOCATE WELL	4 DEPTH	OF COMPLE	TED WELL:	760 ft	5 Latitud	۵۰	(decimal degrees)	
WITH "X" IN	Depth(s) Gro	oundwater Encou	ntered: 1) 33	ft.			(decimal degrees)	
SECTION BOX:	2)	ft. 3)	ft., or 4)	Dry Well				
	WELL'S ST.	ATIC WATER L	EVEL:	ft.	Source for Latitude/Longitude:			
	below la	nd surface, meas	ured on (mo-day-y	/r)&&\				
NW NE	Pump test data: Well water was				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
w E								
SW SE	Well water was ft.							
		after hours pumping				6 Elevation:ft. ☐ Ground Level ☐ TOC		
S	Bore Hole D	iameter:	in. to I.C	. ft. and	Source:			
mile			in. to	ft.]	Other		
7 WELL WATER TO BE USED AS:								
1. Domestic:			pply: well ID				ease	
☐ Household	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID			
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop			
3. Feedlot		Air Sparge	☐ Soil Vapor E	xtraction			scharge	
4. Industrial Recovery Injection 13. Other (specify):								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:								
8 TYPE OF CASING USED: Steel PVC Other								
Casing diameter								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)								
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 Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination:								
☐ Septic Tank		ateral Lines	☐ Pit Privy		Livestock Pens		cide Storage	
☐ Sewer Lines Watertight Sewer Lin		Cess Pool Seepage Pit	☐ Sewage Lag ☐ Feedyard		Fuel Storage Fertilizer Stora		oned Water Well ell/Gas Well	
Other (Specify) Direction from well? Distance from well?								
10 FROM TO		ITHOLOGIC L		FROM	TO L	ITHO. LOG (cont.) o	r PLUGGING INTERVALS	
9 35	TUPSOI	U BROW	210					
45 56	CAHY [H	IN BUTY	4 Blown					
56 71	CLAY T	pus /AN	4 DEBUR					
51 74		TAN FINO	Sacras (Pro.)					
76		CEAY	haits					
				Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\mathbb{\text{C}}\) constructed, \(\mathbb{\text{C}}\) reconstructed, or \(\mathbb{\text{D}}\) plugged								
under my jurisdiction ar	OK LANDC Id was compl	OWNER'S CE eted on (mo-de	v-vear) D	: Inis water	r well was 🕙 this record is	constructed, \[\] rec	onstructed, or \square plugged by knowledge and belief.	
Kansas Water Well Con	tractor's Lice	ense No	This Wa	ter Well Rec	ord was comp	oleted on (mo-day-y	ear) 03 = 07 - 13	
Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of PEST 106 PMP SEATON CONTRACTOR OF THE SEATON CO								
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, Toneka, Kansas 66612-1367. Telephone (785) 296-3565.								

KSA 82a-1212

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