		RECORD				vision of Water ources App. No		Well ID	
KI Origini	II Kecoru	Correction WATER WE				ction Number			
Count		WAIRK WE	NE.	WE WE 4	SFU	310	T /4's	R. 3 DE XV	
		INE			Street or Ru			(if unknown, distance and	
2 WELL	OMUER	: Last Name:						r's address, check here:	
Business Address:	802	RITIGERS	•		_				
Address:		-		86	2 KITTGERS				
City:	SAL	IN A	State: ZIP	: 624		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
3 LOCAT	TE WELL	4 DEPT	H OF COMPLE		57 f	5 Latitud	ie [.]	(decimal degrees)	
WITH '	'X" IN	Donth(s)	Groundwater Encou	intered: 1) 2	S A	Longit		(decimal degrees)	
	ON BOX:	2)	fi 3)	ft. or 4)	Dry Well		□ WGS 84 □ NAI		
	2)					Course	for Latitude/Longitude		
	below land surface, measured on (mo-day-y					∏ GP)	
AND.	above land surface, measured on (mo-day-)					.	(WAAS enabled? □		
1 14 4 - 1	Pump test data: Well water was & C ft.						nd Survey Topogra		
w 	after				gpm	On	line Mapper:		
687	Well water was								
~~ 5W	atter nours pumping					6 Elevati	ion: ft.	☐ Ground Level ☐ TOC	
L	ئـــــــــــــــــــــــــــــــــــــ	Estimated	Yield:gp Diameter:/O	m _{:n to} くつ	ft and	Source:	☐ Land Survey ☐ €	GPS Topographic Map	
- - - - - - - - - - - - - -	S mile	Dore Flore	: Diameter:/	in to	. A. ana				
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Dublic Water Supply: well ID									
House		5. 6	Despatering ha	w many wells?		11. Test Ho	ole: well ID		
==	Household 6. Dewatering: how many wells? Lawn & Garden 7. Aquifer Recharge: well ID								
Livest									
2. Irrigat						a) Closed Loop Horizontal Vertical			
3. 🔲 Feedle			Air Sparge	🔲 Soil Vapor E	xtraction	<u>b)</u> Ope	en Loop 🔲 Surface Di	scharge 🔲 Inj. of Water	
4. 🔲 Indust	rial		☐ Recovery	☐ Injection		13. 🔲 Oth	er (specify);		
Was a chemical/bacteriological sample submitted to KDHE? Yes You If yes, date sample was submitted:									
Water well disinfected? Yes No									
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: X Glued Clamped Welded Threaded									
Casing diameter									
Casing height above land surface									
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 1020 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)									
3CREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From									
GROUT MATERIAL: Nest cement Cement grout Sentonite Other									
From									
		ible contamina	. •	ET nie neier	_	Liverteel Desc			
Septic			Lateral Lines	Pit Privy		Livestock Pens		ide Storage	
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☑ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Other (Specify)									
• FROM	ТО		LITHOLOGIC L		FROM			PLUGGING INTERVALS	
	(3	FILL	10				a (some) of		
2	19		BREWN SI	TY					
10	29	200 m		TAN			·		
20	3/7	SAND	FINE TO ME	D. TAW					
	/	1070	1.00 101116	V. 1.1.V				***************************************	
		1							
					Notes:				
I CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was one constructed, or plugged nder my jurisdiction and was completed on (mo-day-year) of the less than this record is true to the best of my knowledge and belief									
nder my jurisdiction and was completed on (mo-day-year) Oh. A. A. And this record is true to the best of my knowledge and belief ansas Water Well Contractor's License No. C. A. This Water Well Record was completed on (mo-day-year) Oh. A. This Water Water Water Water Water Wate									
ansas Wa	ter Well C	ontractor's Lic	cense No. 3. 6.8	This Wate	er Well Rec	ord was comp	letedon morday-ve	ar) 08-28-17	
ider the bi	usiness na	me of <i>FLS.T.</i>	incata. PK	MA.JERVA	B. V	Danel	A. Yata	0	
INSTRUC	TIONS: Send	one conv to WATE	R WRLL OWNER and re	tale one conv for your	records. Submit	for of \$5 DD for don	h constructed mail alone		
Department of Health and Bryinoment, Bureau of Water, Goology Section. 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212									
. 1311 128 1			*		1011 174111 2	.14	· · · · · · · · · · · · · · · · · · ·	Revised 9/10/2012	