			Form WW		Di	vision of Water						
			☐ Change in W			ources App. No			/ell ID			
1 LOCATION OF WATER WELL: Fraction SW 45W 45E 46						ction Number	,		1	ge Number		
County:	SAL	INE	SW	40W 40E 14	SW4	36	T/4			□ E <b>X</b> W		
2 WELL OWNER: Last Name: GARRETSON First: MIKE Street or Rural Address where well is located (if unknown, distance a										distance and		
Address: A	916	ANOTHE	e Couer		direction from nearest town or intersection): If at owner's address, check here:							
Address:				1	29	2916 ANTLER CONET						
City: OFILIWA State: 9 U ZIP: 6 1901												
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 6. ft. 5 Latitude:												
	Denth(s) Groundwater Encountered: 1) 2											
1	SECTION BOX: 2)						☐ WGS 84 [	□ NAD 83	(	AD 27		
WELL'S STATIC WATER LEVEL: 2.7					ft.	Source	for Latitude/Lon			AD 27		
below land surface, measured on (						GP □ GP	S (unit make/mo					
NW N	NE		pove land surface, measured on (mo-day-y				(WAAS enabled? ☐ Yes ☐ No)					
			np test data: Well water was ft. after hours pumping			La	nd Survey 🔲 T	`opographic	с Мар			
W	E	alter	Well water was ft			Online Mapper:						
SW S	after hours pumping											
		Estimated Y	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOO				Level TOC		
S Bore Hole Diameter:				1.0 in. to			Source:  Land Survey GPS Topographic Map					
1 mile	i milein. to						☐ Other	•••••				
7 WELL WATER TO BE USED AS:												
1. Domestic:			Public Water Sup			10. 🔲 Oil	Field Water Sup	ply: lease				
	Household 6. Dewatering: how many wells?						11. Test Hole: well ID					
	Lawn & Garden 7. Aquifer Recharge; well ID						☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?					
2. Irrigation	☐ Livestock 2. ☐ Irrigation  8. ☐ Monitoring: well ID											
3. Feedlot						h) One	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. Industrial Recovery Injection						13. Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:												
Water well disinfected? X Yes No												
8 TYPE OF CASING USED: Steel PVC Cother CASING IOINTS: No Glued Compad Compad Compad												
Casing diameter												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter fin. to fin. to fin. to fin. to fin. to fin. Weight JOD lbs./fit. Wall thickness or gauge No. SDE 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 □ Saw Cut □ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From S. S. ft. to Less ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From S. ft. to Less ft., From ft. to ft.										ft.		
OCCUPATEDIAL: Diseasement Description of the Computation of the Comput												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to ft., From ft. to ft.												
Nearest source of	of possible	e contamination	on:			111, 1 10111	11. 10	******	. IL.			
☐ Septic Tank		□ L	ateral Lines	☐ Pit Privy		Livestock Pens	5 🗆 li	nsecticide S	Storage			
<del></del>	☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									Vell		
Watertight Sewer Lines												
Other (Specify)  Direction from well? SOUTH WEST Distance from well?												
	TO			Distance from we			TTHO YOU					
	3		ithologic la C =	J.G	FROM	TO L	ITHO. LOG (co	nt.) or PLU	GGING	INTERVALS		
8 8			Beown .	81170								
		SAND F	-INE TO M	FD THE								
62	DOL.		aray	10-1, 11,10								
W =		- NHY	nc my				-					
					<b></b>							
					Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day year)												
under my jurisd	iction an	d was comple	ted on (mo-day	year) ./.7. 2.	and	this record is	true to the best	of my kn	owledge	and belief.		
Kansas Water V	vell Con	ractor's Lice	nse No	This Wat	er Well Rec	ord was comp	oleted on (mo-d	lay-year)/	1.1.7.8	6-17		
Dietalication	ess name	01 .F.K. O.J	1.10.Calla.p.	MILE. O.K.KL	4 C.A	Jack		<del>,</del>				
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed west 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