

☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

Fraction  
NE<sup>1</sup>/<sub>4</sub> NE<sup>1</sup>/<sub>4</sub> SE<sup>1</sup>/<sub>4</sub> SE<sup>1</sup>/<sub>4</sub>

Section Number  
22

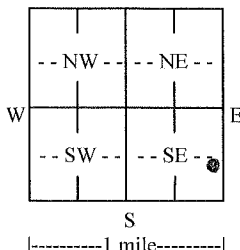
Township Number  
T 16 S

Range Number  
R. 3 ☐ E ☒ W

2 **WELL OWNER:** Last Name: MANNING First: BRECK  
Business: \_\_\_\_\_  
Address: 10632 S. CENTENNIAL RD.  
Address: \_\_\_\_\_  
City: ASSARIA State: KS ZIP: 67416

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: ☒

**3 LOCATE WELL WITH "X" IN SECTION BOX:**



**4 DEPTH OF COMPLETED WELL:** ..... ft.  
 Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well  
**WELL'S STATIC WATER LEVEL:** ..... ft.  
☒ below land surface, measured on (mo-day-yr) .....  
☐ above land surface, measured on (mo-day-yr) .....  
 Pump test data: Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Estimated Yield: ..... gpm  
 Bore Hole Diameter: ..... in. to ..... ft. and  
 ..... in. to ..... ft.

**5 Latitude:** .....(decimal degrees)  
**Longitude:** .....(decimal degrees)  
Datum: ☐ WGS 84    ☐ NAD 83    ☐ NAD 27  
Source for Latitude/Longitude:  
☐ GPS (unit make/model: .....)  
                (WAAS enabled? ☐ Yes    ☐ No)  
☐ Land Survey    ☐ Topographic Map  
☐ Online Mapper: .....

**6 Elevation:** .....ft. ☐ Ground Level ☐ TOC  
**Source:** ☐ Land Survey ☐ GPS ☐ Topographic Map  
☐ Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic:  
☐ Household  
☐ Lawn & Garden  
☒ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID .....
8. ☐ Monitoring: well ID .....
9. Environmental Remediation: well ID .....
- ☐ Air Sparge      ☐ Soil Vapor Extraction  
☐ Recovery      ☐ Injection
10. ☐ Oil Field Water Supply: lease .....
11. Test Hole: well ID .....
- ☐ Cased   ☐ Uncased   ☐ Geotechnical
12. Geothermal: how many bores? .....
- a) Closed Loop   ☐ Horizontal   ☐ Vertical  
 b) Open Loop   ☐ Surface Discharge   ☐ Inj. of Water
13. ☐ Other (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 JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded  
Casing diameter ..... 5 ..... in. to ..... 45 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... 20 ..... in. Weight ..... 160 ..... lbs./ft. Wall thickness or gauge No. ..... SDR 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 *225*    ☐ Gauze Wrapped    ☐ Torch Cut    ☐ Drilled Holes    ☐ Other (Specify) .....  
☐ Louvered Shutter    ☐ Key Punched    ☐ Wire Wrapped    ☐ Saw Cut    ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 45 ft. to 75 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 30 ft. to 25 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
Grout Intervals: From 0 ft. to 30 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**

- ☐ Septic Tank      ☐ Lateral Lines      ☐ Pit Privy      ☒ Livestock Pens      ☐ Insecticide 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) .....

Direction from well? WEST Distance from well? 65 ft.

[illegible]

**11. CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 11-19-12.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388..... This Water Well Record was completed on (mo-day-year) 11-19-12... under the business name of PESTINGER PUMP 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.

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

KSA 82a-1212

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