	WATER				WWC-5			sion of Wate						
	Original				ge in Well Use			irces App. N			Well ID			
1 LOCATION OF WATER W			ATER WEI	LL:	Fraction		Secti	ion Numbe	r	Township Numb		ige Number		
County: Stafford  2 WELL OWNER: Last Name: Blakeslee					1/4 SW 1/4 SW 1/							2 _ E <b>=</b> W		
		WNER: L	ast Name: Blal	First: Lynette	Street or Rural Address where well is located (if unknown, distance an									
		Business: Address: 5209 Telstar Lane						direction from nearest town or intersection): If at owner's address, check here:						
	Address:	ozug Teis		1/2N, 4E	/2N, 4E of St. John, KS									
ı		Great Ber	nd	State: KS	ZIP: 67530									
2 LOCATE WELL									_					
		WITH "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)3												
	SECTION	BOX:							e:					
	N		WEI I'S S	2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL: 30						Datum: WGS 84 Latitude/Longitude		83 L NAD 21		
			below l	below land surface, measured on (mo-day-yr)1.1/					GPS (unit make/model:)					
	NW	above land surface, measured on (mo-da						(WAAS enabled? ☐ Yes ☐ No)						
		Pump test data: Well water was						ft.			aphic Map	,		
	w	E	after	s pumping					Mapper:					
	sw	Well water was												
	V 1	1	Estimated Y	. gpm	6 Elevation:ft. ☐ Ground Level [				Level TOC					
S			Bore Hole I	ft and					and Survey GPS Topographic Map					
	1 mi	le	Bote Hole I		in. to			Other						
	7 WELL W	ATER TO	BE USED											
	1. Domestic:				ater Supply: well ID			10. 🗌 Oi	l Fie	eld Water Supply: le	ase			
	☐ Househo	old				<ol> <li>Test F</li> </ol>	Hole:	e: well ID						
	☐ Lawn &							☐ Uncased ☐ Geotechnical						
	Livestoo				ng: well ID					al: how many bores				
	2.  Irrigatio	n		Environmental Remediation: well ID						Loop ☐ Horizontal ☐ Vertical Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot ☐ Air Spa 4. ☐ Industrial ☐ Recove					•	Extraction								
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):														
					nitted to KDHE?	Yes	No	if yes, date	san	npie was submitte	a:			
Water well disinfected? ■ Yes □ No  8 TYPE OF CASING USED: □ Steel ■ PVC □ Other												1 Thursday		
i	Cosing diame	CASING	USED: US	40 PV	Other	C/	421N	G JOIN 19	ctor	Glued L Clamped	ı ∐ weide	a 📋 i nreaded		
Casing diameter 5 in to 40 ft., Diameter in to ft., Diameter in to ft. Diameter in to ft. Casing height above land surface 12 in Weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40														
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 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)														
		ed Shutter						one (Open H						
	SCREEN-PI	ERFORAT	ED INTERV	ALS: Fror	n .40 ft. to 80	ft., Fr	om	ft. to		ft., From	ft. to	ft.		
					m 23 ft. to 80									
	9 GROUT	MATERIA	AL: Neat	cement [	Cement grout B	entonite	☐ Ot	her	••••					
			ft. to le contaminati		ft., From	. It. to		ft., From	• • • • •	It. to	n.			
	Septic T			ion: Lateral Line	es 🔲 Pit Privy		Пτ	ivestock Pe	ne	□ Insection	ide Storage			
	☐ Sewer L			Cess Pool	☐ Sewage L	agoon		Fuel Storage			oned Water			
		ht Sewer Li	nes 🔲	Seepage Pit	☐ Feedyard			Fertilizer Sto			ll/Gas Well			
	Other (S	pecify) no	nein. pastu	ıre										
i					Distance from v							o numanati ta		
	10 FROM	TO		LITHOLO	GIC LOG	FRO	<u>и</u>	TO	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
			top sand				$\perp$							
			clay	ovol with	olov otropic									
	09			avel WILL	clay streaks									
	-		clay bottom			-								
							-							
						Notes								
						Notes	•							
	11 CONTR	ACTOR'S	S OR LAND	OWNER'	S CERTIFICATIO	N: This v	vater	well was	CC	onstructed. Treco	nstructed	or nlugged		
	under my ju	risdiction a	nd was comp	leted on (r	no-day-year) .1.1/06/ 186 This W	1.8	and th	his record i	s tru	ue to the best of m	y knowled	ge and belief.		
	Kansas Wate	er Well Co	ntractor's Lic	ense No	186 This W	ater Well	Reco	ord was cor	nple	eted on (mo-day-y	ear) 11/17	./.1.8		
	under the bu	siness nam	e of Kelly's.	Water We	ell Service, Inc		Sig	nature	K.a.	thurs it	200. A.			
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.											-5524.			
			s.gov/waterwell/		5 00012-1307. Wall one to	KSA 82			110 10	your rocords. rerept	Revised	1 7/10/2015		
	L us at mil.	vi, wanch	Note of Well/	····			<del>-</del> 1	_						