	WELL R			WWC-5				on of Water]		
				ge in Well Use				ces App. No		Well ID	age Number	
	- ter	ATER WEI	LL:	Fraction		Section Number Township Number Range Number T 23 S R 12 DE FW						
County	: Slacce	md	- 1 -1 1	5w1/4 561/4	ME Y	4 48 14	1	36	hara wall is located			
	2 WELL OWNER: Last Name: Wendel burg First: Jabe 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:											
Business: Address: 377 NE 90th Ave												
Address:												
City: S	tafford		State: 16	3 ZIP: 1075	78							
3 LOCATI		4 DEPTH	OF CON	PLETED W	TELL:	55	55 ft. 5 Latitude: 38. 009597 (decimal degrees)					
	LOCATE WELL WITH "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)											
2)									tal Datum: WWGS	84 🗆 NAD	83 🗆 NAD 27	
	WELL'S STATIC WATER LEVEL:9.2								for Latitude/Longitud			
	below land surface, measured on (mo-da							GPS (unit make/model:)				
NW	NWNE X above land surface, measured on (mo-day Pump test data: Well water was						• • • • •	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
w		E after hours pumping						Lai Non	line Mapper:	e Econt	n Pro	
	'	• Well water was ft.						Ly On	une mapper.			
SWSE after hours pumping								(Florest		A Croun	d Lavel C TOC	
		Estimated Yield: .: 50gpm					o Lievati	vation:ft. ☐ Ground Level ☐ TOC rce: ☐ Land Survey ☐ GPS ☐ Topographic Map				
1	S oile	Bore Hole Diameter:							artoy Coro Cropographic			
1 mile Other												
1. Domestic: 5. Public Water Supply: well ID												
	PHousehold 6. ☐ Dewatering: how many wells?								ole: well ID			
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID						Cased Uncased					
_	☐ Livestock 8. ☐ Monitoring: well ID								rmal: how many bor			
	2. Irrigation 9. Environmental Remediation: well I						••		sed Loop Horizo			
_	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor 4. ☐ Industrial ☐ Recovery ☐ Injection							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:												
				C D Other		CA	CINIC	C IOINTS.	Mclued Clemn	ed D Weld	ed [] Threaded	
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.												
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 Gauze Wrapped Torch Cut Drilled Holes Other (Specify)												
_				vanze wrapped Vire Wrapped		Saw Cut						
SCREEN-F	PERFORAT	ED INTERV	ALS: Fro	m 35 ft.	to5	5 ft From	m	ft. to	ft., From .	ft. t	o ft.	
G	RAVEL PA	CK INTERV	ALS: Fro	m35 ft.	to 2	5 ft Fro	m	ft. to	ft., From .	ft. t	o ft.	
GRAVEL PACK INTERVALS: From35 ft. to25 ft., From ft. to ft. to ft. o ft. o ft. ft. o												
Grout Interv	als: From	.2.5 ft. t	🖒 ه	ft., From		ft. to	 	ft., From .	ft. to	ft.		
Nearest source of possible contamination:												
Septic		_	Lateral Lin	_	it Privy			ivestock Per		ticide Storag		
☐ 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? Distance from well? Distance from well?												
Direction in	om well?	Duty.		Distance	e from	well? 13	0					
10 FROM	10		LITHOLO	GIC LOG		FROM	1		LITHO. LOG (cont.)		NG INTERVALS	
0	5	Brown	COT !	nil								
5	10	had say	zu Cla	y								
10	25	Tan Cla	4	0			-					
25	498	Carso	prid				+					
48	55	Reacto	4				-				-6	
						NY. 4						
	Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Sconstructed Treconstructed or I plugged												
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)												
Kansas Water Well Contractor's License No												
under the business name of Crouch's wooder well Signature.												
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Francisco and Constructed well to: Kansas Department of Health and Francisco and Telephone 785-296-5524												
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. Visit us at http://www.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												