		RECORD	Form V			ivision of Wat				
				in Well Use		sources App.		→ Well ID		
	1 LOCATION OF WATER WELL: County: Stafford			Fraction	Section Number Township Num				nge Number	
				1/4 SW1/4 SW1/			T 24 S		Z_□E DEW	
2 WELL Business	OWNER	Last Name: B	Ver.	First: JAMET	Street or R	turai Address	where well is locate or intersection): If at own	d (if unknown	, distance and	
Address:	305	N. BuffA	Lo		2 1.155	in nearest town of	or intersection): If at own	ter's address,	check here:	
Address:										
City: STAfford State: KS ZIP: 67578 To Well										
3 LOCAT		4 DEPTH	OF COM	PLETED WELL:	2.8	ft. 5 Latit	tude:		(decimal degrees)	
WITH "	·x" in ON BOX:			ncountered: 1)			gitude:			
	N BUA:	2)	ft. 3) ft., or_4)	☐ Dry Well	Datu	m: □ WGS 84 □ N	AD 83 □ 1	NAD 27	
	WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:				
1				measured on (mo-day		ا استن	GPS (unit make/model:)	
NW	NE		above land surface, measured on (mo-day-yr).				(
		. 0	Pump test data: Well water wasft. after hours pumping				☐ Land Survey ☐ Topographic Map			
W		E after		iter was		☐ Online Mapper:				
l .	SE	after	after hours pumping gp							
X	ليليا	1 12 2 2 2 2 2 2 2	Estandarda 100			6 Elevation:ft. ☐ Ground Level ☐ TOC				
	S	Bore Hole D	Bore Hole Diameter: .1.2.3. in. to78			Source:				
	mile		••••	in. to	ft.		Other			
7 WELL WATER TO BE USED AS:										
1. Domestic							10. Oil Field Water Supply: lease			
7	CHousehold 6. □ Dewatering: how many wells? Lawn & Garden 7. □ Aquifer Recharge: well ID						11. Test Hole: well ID			
Livest	·						☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?			
2. Irrigat							a) Closed Loop Horizontal Vertical			
3. Feedlo	_ •					,	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? ▼Yes □ No										
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous Slot										
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)										
SCREEN-I	PERFOR	ATED INTERVA	ALS: From	58 ft. to 78	ft., From	1 ft. t	to ft., From .	ft. to	, ft.	
SCREEN-PERFORATED INTERVALS: From 58 ft. to 78 ft., From ft. to ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Interv	als: From		o	ft., From	. ft. to	ft., From	1 ft. to	ft.		
		sible contamination			_		_			
Septic			Lateral Lines			Livestock Po		ticide Storage		
	☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagor ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard					oon				
_	~	-		☐ Feedyard		_ rennizer St	orage 🗆 Off v	ren/Gas well		
Direction from	om well?	BAST		Distance from v	vell? Z	50 + F	7	ft.		
10 FROM	TO		ITHOLOG		FROM	ТО	LITHO. LOG (cont.)		G INTERVALS	
0	18	Black	Clay							
12	34	TANG								
34	52	Fine	Tan	Sand						
34 52 55	55	SANIE	Stone							
55	78		e Sm							
			Notes:							
44 84 = 22				CT 0			_			
11 CONT	RACTO	R'S OR LANDO	WNER'S	CERTIFICATIO	N: This wa	ter well was J	constructed, re	constructed,	or plugged	
Kansas Wa	ufisaictioi iter Well (n and was compl	eted on (mo	o-uay-year) 🔼 🌤 .	ペペ an ater Well D	a this record	is true to the best of mpleted on (mo day-	ny knowled	ge and belief.	
under the h	usiness n	ame of	udi.S	Water u	rell.Su	Coru was co	impleted on (mo day.			
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.										

KSA 82a-1212

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