WATER WELL R		WWC-5		vision of Water		W. 11 ID	
Original Record				ources App. N	·	Well ID Banga Number	
1 LOCATION OF W.		Fraction	ľ	ction Number			
County: STAFFOR & WAW NE WAY 14 T ZS S R/Z E WW 2 WELL OWNER: Last Name: Round First: Code Street or Rural Address where well is located (if unknown, distance and							
Distriction Communication): If at ourser's address check here:							
Address: 519 Weston ST. From Stafferd, KS 5 miles South						les South	
Address:							
City: PRATT					TO SE 50 57 /4		
3 LOCATE WELL	4 DEPTH OF CON	MPLETED WELL:	50 f	t. 5 Latitu	de:	(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1)					(decimal degrees)	
N N	2) ft. 3) ft., or 4) \(\subseteq \text{ Dry Well} \)				ntal Datum: 🗆 WGS 84 [\square NAD 83 \square NAD 27	
	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:		
1 1 ' 1 ' 1	☐ below land surface, measured on (mo-day-yr) 6.7.25.73 ☐ above land surface, measured on (mo-day-yr)				☐ GPS (unit make/model:		
NW NE	Pump test data: Well water was ft.			1	☐ Land Survey ☐ Topographic Map		
w + e	after hours pumping gpm				Online Mapper:		
SW SE	Well water was ft.						
3\\ 3\	after hours pumping gpm Estimated Yield:gpm			6 Elevat	6 Elevation:ft. Ground Level TOC		
S	Bore Hole Diameter: 10.18 in. to				Source: Land Survey GPS Topographic Map		
mile					Other		
7 WELL WATER TO BE USED AS:							
1. Domestic:		ater Supply: well ID			Field Water Supply: lease		
☐ Household					11. Test Hole: well ID		
Lawn & Garden 7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock 2. Irrigation					12. Geothermal: how many bores?		
3. Feedlot					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 \(\subseteq \) No							
8 TYPE OF CASING USED: ☐ Steel MPVC ☐ Other							
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 weight above land surface Yellow in. Weight SDR ZG Ibs./ft. Wall thickness or gauge No.							
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-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From . 50 ft. to							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
Nearest source of possible contamination: □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage							
Sewer Lines	☐ Cess Pool	☐ Sewage La		Fuel Storage	☐ Abandone	•	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well							
Other (Specify) Direction from well? Distance from well? Distance from well? ft.							
Direction from well?			ell? <i></i>	<u>./</u>		HOOMO DEPRESANT	
10 FROM TO	LITHOLOG		FROM	I OT	LITHO. LOG (cont.) or PL	OGGING INTERVALS	
5 30	Sand Top S White clan	00i /	 				
30 50							
- 30 30 H	med. Sand				· · · · · · · · · · · · · · · · · · ·		
			+				
	Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, \square reconstructed, or \square plugged							
under my jurisdiction and was completed on (mo-day-year) 6-25-41 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No							
under the business name	ractor's License No	This Wa	iter Well Rec	ord was com	pieter on (mo-day-year)		
Mail 1 white copy alon	g with a fee of \$5.00 for each	ch constructed well to: Kan	sas Department	of Health and E	nvironment, Bureau of Water,	GWIS Section,	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau St 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.							
Visit us at http://www.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015							