WATER WELL R		Form WW			ision of Water	1	Well ID			
Original Record Correction Change in Well Use					Resources App. No.  Section Number Township Num			None have		
1 LOCATION OF WATER WELL: Fraction SW 45W 45E 4				/4 1/4 Sec	ction Number   Township Number   Range Number   R 1					
					reet or Rural Address where well is located (if unknown, distance and					
					rection from nearest town or intersection): If at owner's address, check here:					
1										
Address: City: State: ZIP:					9512 W Moss Rose St. Maize KS 67181					
3 LOCATE WELL	4 DEDEL			Sla o				1		
3 LOCATE WELL WITH "X" IN Depth(s) Groundwater Encountered: 1)					ft.   5 Latitude:					
SECTION BOX:	SECTION BOX:									
N	WELL'S STATIC WATER LEVEL:					ft. Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-yr)					and the state of t				
NW NE	above land surface, measured on (mo-day-yr) Pump test data: Well water was				(**************************************					
w E	1 0 - 1				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
		Well water v	vas	ft.	Online Happen					
SW SE	after hours pumping gpm				6 Elevat	tion: f	r □ Ground	d Level D TOC		
S	Estimated Yield:ZOT.gpm Bore Hole Diameter:				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map					
mile	Doic Hole I		in. to		Other					
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
Household 6. Dewatering: how many wells?										
Livestock	✓ Lawn & Garden  7. ☐ Aquifer Recharge: well ID					ermal: how many bore				
2. Irrigation	The state of the s									
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra					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 diameter										
Casing height above land surface										
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										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From										
GRAVEL PACK INTERVALS: From2.4 ft. to ft., From ft., From ft., From ft. to ft.										
Grout Intervals: From										
Grout Intervals: From										
Septic Tank   Lateral Lines   Pit Privy   Livestock Pens   Insecticide Storage										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
★ Watertight Sewer Lines										
Other (Specify) Direction from well? Distance from well?										
10 FROM TO		LITHOLOGIC I		FROM		LITHO. LOG (cont.)		IG INTERVALS		
0 1		6								
1 15	Chy									
18 25	Fine Si	ind								
25 29 21 34	Fire SAY									
34 38	Fine SAL Gravel	<i></i>								
38 41	34 38 Grovel 38 41 Fine Sand				Notes:					
41 Ste Med Grave										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)										
under my jurisdiction and was completed on (mo day-year)										
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain on 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.										
D	- bb - LE	nest Bussey - Cliver	Coology Frating 10	00 CW/ 11 C:	Suita 420 Tarata	Vancas 66612 1267 T.I.	hone (705) 200	3565		