WATER WELL R  Original Record		Form WWC-: Change in Well			ision of Wat ources App. 1			Well ID			
1 LOCATION OF W					tion Numb		nship Number		oo Maraala		
	MINICIE		E4 NW		upii Numo			R	ge Number □ E N W		
		First: K.C.			ral Address						
Business:		Street or Rural Address where well is located (if unknown, distance and lirection from nearest town or intersection): If at owner's address, check here:									
Address.	direction from i	7714 W Bornington C+									
Address:	la i ta	burningt			8 8 9 8						
		te: ) / SZIP: (		d do		NICA	nita, 1	<u> 150</u>	1110		
3 LOCATE WELL WITH "X" IN	4 DEPTH O	F COMPLETE	D WELL: .	<i>(o.</i> Q ₁,	. 5 Latit	ude:			(decimal degrees)		
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				ft. Longitude:(decimal degrees)						
N SECTION BOX.	N 2) tt. 3) tt., or, 4) ∐ Dry					ry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27					
	WELL'S STATIC WATER LEVEL:				Sourc		de/Longitude:				
					January Modern						
NWNE	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map					
W E	Well water was ft.					Online Mapper:					
SW SE	after hours pumping gpm								***************************************		
	Estimated Yield: 20tgpm				6 Eleva	6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to ft.				Source: Land Survey GPS Topographic Map						
mile		ir	ı. to	ft.		Other			•••••		
7 WELL WATER TO BE USED AS:											
1. Domestic:		ablic Water Supply					er Supply: leas				
	Household 6. Dewatering: how many wells?										
	A Livestock       7. ☐ Aquifer Recharge: well ID         B. ☐ Monitoring: well ID						ncased $\square$ Ge				
Livestock 2.  Irrigation							w many bores?				
3. Feedlot					a) Closed Loop ☐ Horizontal ☐ Vertical 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     No     CASING JOINTS:   Glued   Clamped   Welded   Threaded   Casing diameter   In to   In to											
Casing diameter	in to	ft Diamete	er ,	in to	T MOLDIN	s: Mustan	in to	∐ Welded	Inreaded		
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ Fiberglass ☐ 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)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible contamination:											
Septic Tank			☐ Pit Privy	П	Livestock Pe	ens	☐ Insecticio	le Storage			
☐ Sewer Lines	☐ Ces		Sewage Lag		Fuel Storage		☐ Abandon		Well		
☐ Watertight Sewer Lin		page Pit [	☐ Feedyard		Fertilizer Sto		Oil Well/				
Other (Specify) Direction from well?  Distance from well?											
				**** **********************************			ft.				
10 FROM TO		HOLOGIC LOG		FROM	TO	LITHO. LO	OG (cont.) or P	LUGGING	G INTERVALS		
	<u> </u>	· /									
<u> </u>	CRUS				***************************************	***************************************					
2-134	HOC.	and _			***************************************			*************			
Cor Law Ha	- TYPEAL	Sand									
34 38	THU)	2001		-							
49 53		Sand		Notes:							
52 57 med Graves					110165.						
52 (eD Mess Sand											
11 CONTRACTOR'S	OR LANDOV	NER'S CERT	FICATION	: This water	well was Y	/ construe	ted Drecon	structed .	or nlugged		
under my jurisdiction an	d was complete	ed on (mo-dav-ve	ear) ./2.:1/5	>:: <i>l</i> and :	this record/	is true to th	ne best of my	knowledg	e and belief		
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)									4-14		
under the business name	of\	<u>,1.0063/4L</u>	).c., 1.( . t . 2.6	K.bool Cir		1.5UU	Lit. Clefrer				
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.									opy to Kansas		
Visit us at http://www.kdho			ogy Section, 1000	SW Jackson St., S KSA 82a-12		a, Kansas 6661	2-1367. Telephone		565. ed 9/10/2012		
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