WATE	well.	RECORD	Farm 1	WWC-5	:	D	ivision of W	ater [
		Correction	Chang				sources App	ŧ		Well ID		
						Stul Section Number Township Numb				r Ran	ge Number	
1 LOCATION OF WATER WELL: Fraction County: Section Number Township Number Range Number T Z 7 S R E D W												
2 WELL OWNER: Last Name: West First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, epeck here:												
Address	<i>—</i>	227	Roll	weel		2452 n Ralful						
Business: 2452 7 Rolfied Address: Address: City: Wielity State: XD ZIP: 67204							445	2 7	March	Leed!		
3	WITH "X" IN 4 DEPTH OF COMPLETED WELL;											
SECTION BOX: Depth(s) Groundwater Encountered: 1). 2)						ft. Longitude:						
	N	WELLISS	TATIC WAT	FR LEVE	1. 26		تنبيسه أرا	markinga for Latitudall aggituda:				
		below	below land surface, measured on (mo-day-				アフロ	GPS (unit	make/model:			
NW	NE		Dabove land surface, measured on (mo-day-y Pump test data: Well water was				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				0)	
WHO	+-+-+	1 ~	after hours pumping				gpm					
	SE		Well water was ft.					AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				
			after hours pumping g Estimated Yield:gpm				6 Elevation:					
	S		Bore Hole Diameter: in. to							Survey GPS Topographic Map		
1 mile in. to												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. The Public Water Supply: well ID												
1. Domestic: 5. Public Water Supply: well ID Household 6. Dewatering: how many wells?								. Test Hole: well ID				
	Lawn & Garden 7. Aquifer Recharge: well ID							☐ Cased ☐ Uncased ☐ Geotechnical				
	Livestock 8. Monitoring: well ID								ow many bores?			
3. Feedle	2. ☐ Irrigation 9. Environmental Remediation: well I 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor											
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 M No												
8 TYPE OF CASING USED: Steel PVC Other												
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 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												
3												
GRAVEL PACK INTERVALS: From												
Grout Intervals: From												
Nearest sou	rce of possib	le contaminati	ion:									
☐ Septic ☐ Sewer			Lateral Lines Cess Pool		Pit Privy Sewage Lag		Livestock P Fuel Storag		☐ Insecticion ☐ Abandon	_	/ell	
Watertight Sewer Lines Seenage Pit Feedyard Fertilizer Storage Golf Well/Gas Well												
Other (Specify)												
10 FROM	on well?	ار ب ر اسا ستان د میرود. آ	LITHOLOG		nce from we	FROM	ТО		ft. LOG (cont.) or P	LUGGING	INTERVALS	
10 1 KOW	10	\sim	ATHOLOG	IC LUG		TROM	00			LOGGING	THE TOTAL PROPERTY OF THE PARTY	
		Rose	al u) all	Jud	or	12	100	*			
			3	,	/			1				
management of management of the second		9-1	2000	aghit		p	kr 55	relo	Andrew grown			
						Notes:	L	L				
						1						
						<u> </u>						
11 CONT	RACTOR'	OR LANDO	OWNER'S	CERTIF	ICATION	This water	r well was	constru	icted, recons	structed, o	r ∐ plugged e and belief	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, N reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)												
under the b	usiness nam	e or	シャナン・カ		Service	/	Theference.	<u> </u>	******	• • • • • • • • • • • • • • • • • • • •		
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, Gentlow Service, 1000 SW Jackson St., Suite 420, Torocka, Kansas 66612-1367. Telephone (785) 296-3565.												
Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565. Visit us at http://www.kdbcks.gov/waterwell/index.html KSA 82n-1212 Revised 9/10/2012.											19/10/2012	

KSA 82n-1212

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