WATER WELL R		n WWC-5	Divi	sion of Water			
Original Record		ange in Well Use	Reso	urces App. No.		Well ID	
1 LOCATION OF WATER WELL: Fraction			Section Number Township Number Range Number		1		
County: Km	45W4NW4	NW1/4	T ZS S R B DE XXW				
2 WELL OWNER:	ast Name: Kletke	First:	Street or Rur	al Address wh	ere well is located	(if unknown, distance and	
2 WELL OWNER: Last Name: Kletke First: Doug Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:							
Address: 388 Sw 50 B Ave. Hwy 54 West of Knyman To Sw 50 B Ave							
City: KMSM	State: K	S ZIP: 67068	Then 3	8 mile Se	2012 & BAS	To well	
3 LOCATE WELL			_		•		
WITH "X" IN		OMPLETED WELL:		1		(decimal degrees)	
SECTION BOX:		Depth(s) Groundwater Encountered: 1)			Longitude:		
N		WELL'S STATIC WATER LEVEL: ft.			Source for Latitude/Longitude:		
	helow land surfa	ice measured on (mo-day	-vr) 6-2/-/	GPS (unit make/model:			
NW NE	below land surface, measured on (mo-day-yr). 6-2/- above land surface, measured on (mo-day-yr)			(WAAS enabled? Yes No)			
X	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map			
W E	after hours pumping gpm			Online Mapper:			
SW SE	Well water was ft.						
3E	after ho	urs pumping	gpm	6 Floretie	n· f	Ground Level D TOC	
	Estimated Yield:			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
S 1 mile	Bore Hole Diameter	in. to	ft. and				
7 WELL WATER TO BE USED AS:							
1. Domestic:		Water Supply: well ID		10 🗆 00 5	ield Water Sunnler	ease	
Household							
Lawn & Garden	6. Dewatering: how many wells?			11. Test Hole: well ID			
Livestock	8. Monitoring: well ID			12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID				osed Loop		
3. Feedlot	☐ Air Spa	rge Soil Vapor	Extraction	b) Open	Loop Surface D	ischarge 🔲 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 2 MAY - FINE							
8 TYPE OF CASING	USED: Steel	PVC Other	CASIN	IG JOINTS:	∡ Glued □ Clampe	d 🗌 Welded 🔲 Threaded	
Casing diameter							
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter fin, Diameter in, to fin, Diameter in, to fin, Diameter in, Weight SDC 186 lbs/ft. Wall thickness or gauge No.							
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 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)							
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)							
SCREEN-PERFORATED INTERVALS: From 6 ft. to 80 ft., From ft. to ft., From ft., From ft. to ft.							
GRAVEL PACK INTERVALS: From							
9 GROUT MATERIAL: Neat cement Cement grout Ement Other Other							
Grout Intervals: From							
Nearest source of possibl		•		,			
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage							
Sewer Lines	Cess Poo			Fuel Storage		oned Water Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well							
Other (Specify) Direction from well? Distance from well? P99 ft.							
10 FROM TO .		OGIC LOG	FROM			r PLUGGING INTERVALS	
0 75	Fine & M		I ROW	10 11	1110. LOG (cont.) 0	I DOGGING HILDRYALD	
75 80	Brn CIM						
75 00	277	7					
			+				
			Notes:				
1,000							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, [reconstructed, or [plugged]							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)							
Kansas Water Well Contractor's License No							
under the business name	e of .Crawd.3.	WATER WEU	Signal Si	nature		CVTC Castron	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health of Invironment, Date of Vater, CWTS 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							