| WATER WELL R Original Record | | | | | sion of Water urces App. No | | Well ID | |
|--|---|--|-----------------------------|--|---|---------------------------------|--|--|
| 1 LOCATION OF W | | | | | tion Number | | | |
| County: Seda | vick | : | ANE MIE W | V 1/4 | | T 39 S | R DEWW | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: Address: | VIJOL | and st | S | direction from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: Hay | sville s | State: KS ZIP | 1070/00 | | 1-17 | aysville, F | (S 67060 | |
| 3 LOCATE WELL | | | | 100 . | | | | |
| WITH "X" IN | | | TED WELL: . | | 1 | | (decimal degrees) | |
| SECTION BOX: | X: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) | | | | | tude: : □ WGS 84 □ NA | (decimal degrees) | |
| N Y | | | | | Source for Latitude/Longitude: | | | |
| | | WELL'S STATIC WATER LEVEL: A below land surface, measured on (mo-day above land surface, measured on (mo-day) | | | GI | |) | |
| NWNE | | | ured on (mo-day-; /as ft | | · (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | |
| $ \mathbf{w} $ | after hours pumping | | | | Online Mapper: | | | |
| SW SE | Well water was | | | | .,, | 11 | A CONTRACTOR OF THE PARTY OF TH | |
| 3E | | after hours pumping | | | gpm 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | |
| S | Bore Hole Diameter: in. to | | | ft. and | a Di ia Dona De l' M | | | |
| mile | | _ | Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | | pply: well ID | | | | lease | |
| 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 | | | nediation: well ID | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor | | | Extraction | traction b) Open Loop Surface Discharge Inj. of Water 13. Other (specify): | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | |
| Water wall disinfected | min var man | ďα | | # | • | • | | |
| Water well disinfected? ☐ Yes ☐ No 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | |
| Casing diameter in to ft. Diameter in to ft. Diameter in to ft. Diameter in to ft. | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Fiberglass PVC Steel Other (Specify) | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | |
| 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) | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| 9 CROUT MATERIAL: Neat cement Cement grout Reptopite Other | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| Septic Tank | | ateral Lines | ☐ Pit Privy | | Livestock Per | | ticide Storage | |
| Sewer Lines Watertight Sewer Li | | Cess Pool eepage Pit | ☐ Sewage La ☐ Feedyard | | Fuel Storage Fertilizer Sto | | doned Water Well /ell/Gas Well | |
| Other (Specify) | | | | | | | | |
| Direction from well? | | | Distance from w | ell? | 65 | | ft. | |
| 10 FROM TO | | ITHOLOGIC I | .OG | FROM | | | or PLUGGING INTERVALS | |
| 0 1 | Clark | OII | | 25 | 90 | Stale. | K · | |
| 13 37 | Way. | and. | | | | - TYLLL. | | |
| 31 33 | Dail | 1 | | | | | | |
| 33 49 | | Sara, | | | | | | |
| 45 58 | med | grove | | | | | | |
| 58 70 fine Sand Notes: | | | | | | | | |
| 70 80 80 86 | | 8009/ | Jay | - | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was V constructed reconstructed or plugged | | | | | | | | |
| under my jurisdiction a | nd was comple | eted on (mo-da | y-year) 0 l | 0.15.1. and | this record i | s true to the best of | my knowledge and belief. | |
| Kansas Water Well Co | ntractor's Lice | ense No S.X | This Wa | ater Well Rec | ord was con | npleted op (mo-day- | year) . 6. 30 1.4 | |
| under the business name of LULOWALL DO MAY US TYAN 5. CLASS Chipment on the control of the contr | | | | | | | | |
| 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. | | | | | | | | |

KSA 82a-1212

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Visit us at http://www.kdheks.gov/waterwell/index.html