WATER WELL R		rm WWC-			sion of Water	I		
Original Record					urces App. No		Well ID	
County: Slague Fraction			S. Car Dr	Section Number Township Number Range Number T S R T E W				
County: Seach	VICIO	74)	W/41 1W/41	Yanadan Dan	-1 A d d=			
2 WELL OWNER: Last Name; Business: Address: Address: 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: Add								
Address: 16707W718 84S Address: Chearwater State: KS ZIP: 67026 City: Chearwater State: KS ZIP: 67026								
City: Clearw	ofer State:	KS ZIP: (07026		Clear	ruute, R	861030	
3 LOCATE WELL	4 DEPTH OF	COMPLETE	D WELL:	うと 🙃	5 Latitu	•	(decimal degrees)	
WITH "X" IN	Depth(s) Ground						-	
SECTION BOX:	2) ft., or 4) Dry Well					Longitude:		
N×	WELL'S STATION	C WATER LEV	EL:	 ft	Source for Latitude/Longitude:			
	below land s	urface, measure	d on (mo-day-y	r92~1.7~1.	GPS (unit make/model:)			
NW NE	VNE above land surface, measured on (mo-day-yr				-	(WAAS enabled?		
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map			
W E					☐ Online Mapper:			
Well water was								
	after hours pumping gpm Estimated Yield: .25gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC			
S					Source: Land Survey GPS Topographic Map			
mile			n. to			☐ Other		
7 WELL WATER TO BE USED AS:								
1. Domestic:	5. 🔲 Pub	lic Water Suppl	y: well ID		10. 🔲 Oil	Field Water Supply: 1	ease	
☐ Household		vatering: how n				lole: well ID		
Lawn & Garden	- 1							
Livestock 8. Monitoring: well ID					12. Geothermal: how many bores?			
2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☑ Inj. of Water			
3. ☐ Feedlot 4. ☐ Industrial	☐ Rec		☐ Soil Vapor Ex☐ Injection	ttraction			ischarge Inj. of water	
				- 2)				
Was a chemical/bacteriological sample submitted to KDHE? Yes Yes No If yes, date sample was submitted:								
Water well disinfected? Wyes \(\sum \) No								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Vi Glued Clamped Welded Threaded								
Casing diameter								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)								
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)								
SCREEN OR PERFOR	_		_	(1	,			
☐ 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: From21 ft. to ft., From ft., From ft., From ft. to ft.								
9 GROUT MATERIAL: Neat cement Cement grout Dentonite Other								
Grout Intervals: From								
Nearest source of possible contamination: March Septic Tank								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well								
Sewer Lines Cess Foot Sewage Lagoon Fuel Storage Abandoned water went Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well								
Color (Corriginal Color)								
Direction from well?				1? Š ē .				
10 FROM TO		OLOGIC LOC	3	FROM	TO 1	LITHO. LOG (cont.) or	r PLUGGING INTERVALS	
01	100 80	41						
11114	ciais							
14 20	nea	Sand						
30 58	Share							
						A.41		
				Notari				
	Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged								
under my jurisdiction and was completed on (mo-day-year) 2.1.7.1								
under my jurisdiction and was completed on (mo-day-year) 2.7.7.1. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No								
under the business name	of(1).e.	nger	DIALLAR	Ψ	M. U	LANDER.	'	
INSTRUCTIONS: Send on	e copy to WATER WELI	L OWNER and retai	n one copy for your	records. Submit	fee of \$5.00 for e	each constructed well along w	ith one (white) copy to Kansas	
Department of Heaville Visit us at http://www.kdhe			ogy Section, 1000 S	W Jackson St., S KSA 82a-12		, Kansas 66612-1367. Teleph	one (785) 296-3565. Revised 9/10/2012	
i violi uo at mup.//www.kum	ALL GOT TO MICH WOLL HINCK.			110/1 024-12			107130G 7/10/2012	