WATER WELL		m WWC-5		sion of Water					
Original Record		hange in Well Use		rces App. No.		Well ID			
1 LOCATION OF WATER WELL: Fraction			Section Number Township Number Range Number						
County: SEDGW	NW 1/4								
2 WELL OWNER: Last Name: WAGES First: KEITH Street or Rural Address where well is located (if unknown, distance and									
Business: Address: 10500 S 247TH ST W direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City: VIOLA	State: 1	KS ZIP: 67149							
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:120 ft.					5 Latitude: 37.50198 (decimal degrees)				
WITH "X" IN	Denth(s) Groundwater Encountered: 1) ft					Longitude: -97.62448 (decimal degrees)			
SECTION BOX: 1 2) ft or 4) \square Dry Well					Horizontal Datum: WGS 84 NAD 83 NAD 27				
WELL'S STATIC WATER LEVEL: 43 ft.					Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-yr)10-22-24.					GPS (unit make/model: I-PHONE)			
X - NW NE	above land sur	face, measured on (mo-day	(WAAS enabled? ☐ Yes ☐ No)						
	1 1	ell water was	☐ Land Survey ☐ Topographic Map						
W		after hours pumping gpm							
SW SE		after hours numning anm							
	Estimated Vield	Estimated Vield gram 6 Elevation:tt. Ground Level							
S	Bore Hole Diamet	Bore Hole Diameter:12 ² in, to120 ft, and Source: ☐ Land Survey ■ GPS ☐ Topogra							
mile		in. to	ft.] Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:	5. 🔲 Publi	c Water Supply: well ID			ield Water Supply: 1				
☐ Household		******	11. Test Hole: well ID						
Lawn & Garden	7. ☐ Aqui	☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?							
Livestock									
2. ☐ Irrigation 3. ☐ Feedlot		9. Environmental Remediation: well ID							
4. Industrial	☐ Reco		Entraction		r (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:									
Was a chemical/bacteriological sample submitted to KDHE? Yes No 11 yes, date sample was submitted.									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
Cosing diameter 5 in to ft Diameter in to ft Diameter in to ft.									
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 PERFORATION OPENINGS ARE:									
☐ Continuous Slot									
Louvered Shutter									
GRAVEL PACK INTERVALS: From									
O CROUT MATERIAL. Diseasement Compart security Postanity Cother									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
■ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well									
☐ Watertight Sewer	Lines	ge Pit 🔲 Feedyard		Fertilizer Stora		ell/Gas Wel	ı l		
☐ Other (Specify)									
	1 T T T T T T T T T T T T T T T T T T T	Distance from	FROM	TO L	I ITHO. LOG (cont.) o	r DI HGGE	NG INTERVATE		
10 FROM TO		DLOGIC LOG	FKUM	10 L	атно. год (сош.) (N I LUUUII	CTWANTER OF		
0 3 11	TOP SOIL CLAY								
	BROWN SHALE								
11 24 24 120	GRAY SHALE								
120	OIVAT OHALL								
			Notes:	.1					
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) .10-22-24 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo-day-year) .10-23-24 under the business name of HARP WELL AND PUMP SERVICE INC Signature .TODD.S. HARP.									
Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo-day-year) 10-23-24									
under the business name of HARP. WELL AND PUMP SERVICE INCSignature IODD.S. DARP. Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,									
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, Gw 15 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.kdh			KSA 82a-12			Revise	ed 7/10/2015		
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