| WATER WELL R | | | sion of Water | | | | |
|---|--|---------------------------------|----------------------------------|---|---------------------------------------|--|--|
| Original Record | | | irces App. No. | | Vell ID Parasa Number | | |
| | County: The Man Section Number Township Number Range Number Township Number Township Number Range Number Township Number Townsh | | | | | | |
| 2 WELL OWNER: List Name: Bradky First: Markey Street or Rural Address where well is located (if unknown, distance and | | | | | | | |
| Business: 915 Manual Street of Rular Address where well is located (in anknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: 110 Mantiela. | | | | | | | |
| Address: White | 'cld State: KS ZIP: | 121 | L IVRSI | will K | 3 | | |
| 3 LOCATE WELL | | 97 | T . | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: | | 5 Latitude:(decimal degrees) | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | Longitude:(decimal degrees) | | | | |
| N | 2) ft. 3) ft., or 4) | | _ | WGS 84 □ NAD 83 | 3 □ NAD 27 | | |
| | WELL'S STATIC WATER LEVEL: | -vr)5-19-14 | | Latitude/Longitude: | , | | |
| NW NE | above land surface, measured on (mo-day | -yr) | | WAAS enabled? |) | | |
| | Pump test data: Well water was | ☐ Land Survey ☐ Topographic Map | | | | | |
| W X E | | after hours pumping gpm | | | Online Mapper: | | |
| SW SE | Well water was | | | | | | |
| | after hours pumping | Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | |
| S | Bore Hole Diameter: | ft. and | | | Topographic Map | | |
| 1 mile | in. to | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | □ Public Water Supply: well ID | | | eld Water Supply: lease | | | |
| ☐ Household | 6. Dewatering: how many wells? | | 11. Test Hole: well ID | | | | |
| Lawn & Garden | 7. Aquifer Recharge: well ID | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| Livestock 2. Irrigation | Monitoring: well ID Environmental Remediation: well I | 12. Geothermal: how many bores? | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Surfac | | | | | | |
| 4. Industrial | ☐ Recovery ☐ Injection | | | (specify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | |
| Water well disinfected? ✓ Yes ☐ No | | | | | | | |
| 8 TYPE OF CASING USED: Steel NOVC Other CASING JOINTS: 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 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 | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| Nearest source of possible | | _ | | | | | |
| Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | |
| Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well | | | | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify) | | | | | | | |
| Direction from well? | | | | | | | |
| 10 FROM TO | LITHOLOGIC LOG | FROM | TO LIT | HO. LOG (cont.) or PL | UGGING INTERVALS | | |
| 0, 2, | POIL AL | | | | | | |
| 11 40 | Brown Chy | | | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Sand | | | | V to Manager | | |
| 59 99 | Sand | | | | | | |
| 72 79 | Fine Sand | | | | | | |
| 79 92 | Sand | 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) | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | |
| under the business name | e of Lyman's Inc. | AL | LAN | Misu | · · · · · · · · · · · · · · · · · · · | | |
| 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012 | | | | | | | |
| | | 120.1024 12. | | | | | |