	WELL R			WWC-5		vision of Wate	į į	Well ID	
	Original Record Correction Change in Well Use  LOCATION OF WATER WELL: Fraction					Resources App. No. Well ID  Section Number Township Number Range Number			
	: HARP			4 NE 4 NW 1		11	Т 318		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and									
Business: Ryan Farms  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Business:  Address:  Add								ner's address, check here:	
Address:		NWIZ							
City: Lenda State: KS ZIP: 67159 2 ND Curve and then Back Nw To well									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 10 ft. 5 Latitude:									
SECTION ROY: Depth(s) Groundwater Encountered: 1)								(decimal degrees)	
N	2)								
<b>X</b>		□ below	land curface	measured on (mo-dax	-x/r)		e for Latitude/Longitue PS (unit make/model)	<u>de:</u> )	
NW	NE	above 1	and surface	, measured on (mo-day	-yr) <b>4.∹/6</b> .	78	(WAAS enabled?		
		Pump test data: Well water was ft.			ft.	L:	and Survey Topo		
W	E	after hours pumping					nline Mapper:		
SW	SE	after hours pumping				- AFI	•	A FIG. 11 1 FIG. 6	
		Estimated Yield:gpm				6 Elevation:			
1	S nilel	Bore Hole	Bore Hole Diameter:			TC UITG			
1 mile  in. to ft.									
1. Domestic: 5. Public Water Supply: well ID									
☐ Household 6. ☐ Dewatering: how					s? 11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID  **ELivestock 8. ☐ Monitoring: well ID								
	2. ☐ Irrigation  9. Environmental Remediation: well ID								
3.  Feedlo	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E					b) O <sub>J</sub>	pen Loop   Surface	Discharge	
4. Industrial Recovery Injection 13. Other (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 If yes, date sample was submitted:  Was a chemical/bacteriological sample submitted to KDHE?									
Water well disinfected? Yes No									
Casing diameter from to ft Diameter in to ft Diameter in to ft									
8 TYPE OF CASING USED: Steel YPVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter function in to function fit. Casing height above land surface Weight Lee Ibs./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 ☑ 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 Debentonite Other									
Grout Interv	als: From .	<b>2.0</b> ft. to	o <b></b>	ft., From	. ft. to	ft., From	ft. to	ft.	
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 ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Other (Specify) Astura									
Direction from 10 FROM	om well?		LITHOLO		vell? Z. Z FROM	ТО	LITHO LOG (cont.)	ft. or PLUGGING INTERVALS	
0 FROM	TO 5	Sand		Soi/	FROM	10	LITTO, LOG (cont.)	OF FLUGGING INTERVALS	
5	10	Greek	/						
10	20		TAN	SANd					
20	80	Brown	1 ClAy						
80	110	Fine	TAN	SANd					
					Notes:	1			
					- rotes:	1 Autes.			
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).									
under my jurisdiction and was completed on (mo-day-year)									
under the business name of how dis. Which well show the surface of									
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit leg of \$5.00 for each anstruct 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.kdl	eks.gov/waterwe	maex.ntml		KSA 82a-	1414		Revised 9/10/2012	