WATER WELL RECORD	Form W			er Resources App. No	
1 LOCATION OF WATER WE		FISE	Section Number		Range Number
County: Darber	recation: if unknown distance	& direction			R / 2 DE W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here			Global Positioning System (GPS) information: Latitude:		
3 W. Medicine Lodge, KS			Longitude: (in decimal degrees)		
Swi marche way yes			Elevation:		
2 WATER WELL OWNER:	Datum: WGS 84, NAD 83, NAD 27 Collection Method:				
RR#, Street Address, Box #: 1108 High 54 GPS unit (Make/Model:					
City, State, ZIP Code :			☐ Digital Map/Pl	ioto, [] Topographic	Map, ∐ Land Survey
3 LOCATE WELL	() /	-7			5-15 III, 15 III
	TH OF COMPLETED WEI		ft.		
SECTION BOX: Depth(s) Groundwater Encountered (1)					
Pump test data: Well water was					
	ELDgpm. Well water	er was	ft. after	hours pump	oing gpm
W E Bore Ho	ole Diameterin. to				
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well Domestic Feedlot Oil field water supply Dewatering Other (Specify below)					
SWSE Domestic Feeding Domestic lawn & garden Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes No					
S If yes, mo/day/yr sample was submitted mile Water well disinfected? X Yes \ \ \ No					
water well disinfected: Par 1'es 11'll					
5 TYPE OF CASING USED: Steel PVC Other					
Casing diameter in. to					
Casing height above land surface					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
Continuous slot					
□ Louvered shutter □ Key punched □ Wire wrapped □ Saw cut □ Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft.					
	From	. ft. to	ft., From	ft. to	o ft.
GRAVEL PACK INTER	VALS: From				
6 GROUT MATERIAL: N					o ft.
	ft. to ft., From				
What is the nearest source of possible	ble contamination:	_	·		
	Lateral lines Pit privy Cesspool Sewage lagoon	Livestock p			r (specify below)
	Seepage pit Feedyard	☐ Fuel storage			
Direction from well		Distance f	rom well	1320	
FROM TO LIT	HOLOGIC LOG	FROM	TO LITHO. L	OG (cont.) <u>or</u> PLU	GGING INTERVALS
		+ 2+	3 501/ 23 Hole	Dluc & G	11 6 1
		23	23 Holy	Truge so	Parum Dentor
			Jana	· · · · · ·	
· · · · · · · · · · · · · · · · · · ·					
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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 the business name of	V.Mara 5	water well Ke	by (signature)	pii ymo/day/yeec	and
under the business name of					
(white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420 Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at					
http://www.kdheks.gov/waterwell/index.html.					
KSA 82a-1212				.	