WATER WELL R		WWC-5		vision of Water		W 11 ID	
Original Record				ources App. No.	m	Well ID	
1 LOCATION OF WATER WELL:		· · · · · · · · · · · · · · · · · · ·		ction Number			
County: Borber 4 NE4 NW4 NE4 / T 35 S R /2 E E No.							
2 WELL OWNER: Last Name: Die! First: Brent 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:						anddress check here:	
Address: 2/2	Essa 4	nearest town of int	DRIFTWOOD R	1 90 Kg m. 12 144			
Address:							
City: Kiowa	State: K_	S ZIP: 67070	3 The	well is	n The North	Side of DRITTW	
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 136 ft. 5 Latitude:							
WITH "X" IN	Depth(s) Groundwater Encountered: 1) ft.				Longitude:(decimal degrees)		
SECTION BOX:	2) ft. 3) ft., or 4) Dry Well				Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27		
	WELL'S STATIC WATER LEVEL:			Source fo	Source for Latitude/Longitude:		
X	below land surface, measured on (mo-day-yr) 5 above land surface, measured on (mo-day-yr)			,			
NW NE	Pump test data: Well water was ft.				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map		
w E	after hours pumping gpm				☐ Caline Mapper:		
"	Well water was ft.				Gilline Wapper.		
SW SE	after hours pumping gpm			()?!		П С	
	Estimated Yield:gpm			6 Elevation:			
S	Bore Hole Diameter: 10.38 in. to			Other			
mile in. to							
1. Domestic: 5. Public Water Supply: well ID							
☐ Household		ng: how many wells?					
Lawn & Garden				11. Test Hole: well ID			
☑ Livestock					12. Geothermal: how many bores?		
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop		
3. Feedlot Soil Vapor Extraction					b) Open Loop Surface Discharge Inj. of Water		
4. Industrial Recovery Injection 13. Other (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 PVC Other							
Casing diameter	In. 10 II.	n Weight 500	in. to .2.079.	II., Diamete	r 5 in. 10 c or gauge No	.ə.y II.	
Casing height above land surface							
☐ 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							
SCREEN-PERFORATED INTERVALS: From 40 ft. to 60 ft., From 100 ft. to 120 ft., From ft. to ft. GRAVEL PACK INTERVALS: From 36 ft. to 20 ft., From ft. to ft. ft. ft.							
OCPOSIT MATERIAL. Disease of Company of St. Company							
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 ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well							
Other (Specify) Direction from well? Distance from well? ft.							
10 FROM TO	LITHOLO	GIC LOC	FROM		ft.	LUGGING INTERVALS	
0 20	Red Some	· · · · · · · · · · · · · · · · · · ·	I.VOIAI	10 111	IIO. LOG (colli.) of P	LOGORIO INTERVALO	
20 140	Red Shall		+				
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			1				
	· · · · · · · · · · · · · · · · · · ·						
			Notes: 6	TACKS AT.	25, 30, 60	65, 70, 100	
£ 110 FT.							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged							
under my jurisdiction and was completed on (mo-day-year) 5-28-32!. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) 3-20! under the business name of Good S. Water Well Sec Signature							
Lansas water Well Cont	ractor's License No	Han usell Si	iter Well Rec	ord was comple	ted on (mo-day-year	r) . 97	
Mail 1 white copy alon	g with a fee of \$5.00 for ea	ch constructed well to: Kar	isas Department	of Health and Env	ronment, Bureau of Wate	er, GWTS Section,	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Burear of Water, GWTS 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.kdhcks.gov/waterwell/index.html KSA 82a-1212					Revised 7/10/2015	