		ECORD	Form WWC			sion of Water	3					
			☐ Change in We			urces App. No		Well ID				
1 LOCATION OF WATER WEL			L: Fraction		Sect	ion Number		Township Number Range Num				
County	: 0121/	<i>H</i> ₁	1/2	NE YANKO YA M	1/4	28	T 3 S		EMW			
2 WELL	OWNER: L	ast Name: 🕡	ilson First:	Larry S	treet or Rur	al Address v	where well is located	. (if unknown,	distance and			
County: Signiff: WELL OWNER: Last Name: Wison First: Larry Business: Address: 801 West South City Limits Results of the state of the									check here:			
Address: 801 West Journ City Limits Address:												
City: Sa	nith C	Center	State: K5 ZIP:	66967								
3 LOCATI					1-5 0		. 39 769	98	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
WITH "		4 DEPTE	OF COMPLET	ED WELL:	n.	5 Latitude: 37.76993 (decimal degrees) Longitude: 78.79261 (decimal degrees)						
	SECTION BOX: Depth(s) Groundwater Encountered: 1)					Well Horizontal Datum: ZWGS 84 NAD 83 NAD 27						
N		WELL'S S	TATIC WATER LI	fatic water level:ft., or 4) Dry Well			for Latitude/Longitud		65 LI NAD Zi			
	X	D below	below land surface, measured on (mo-day-yr).				S (unit make/model: .	~)			
NW	NE	above	above land surface, measured on (mo-day-yr).				(WAAS enabled? ☐ Yes ☐ No)					
	1		Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map						
W	E	after	after hours pumping gpm			Online Mapper:						
SW SE			Well water was ft.									
1 1 1 1 4			after			6 Elevation: 1780 ft. Ground Level TOC						
<u> </u>		Bore Hole	Bore Hole Diameter:			Source: Land Survey GPS Topographic Map						
1 m						1	☐ Other					
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
			6. Dewatering: how many wells?			11. Test Hole: well ID						
Lawn & Garden 7.			7. Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical						
∠ Livesto		8. L	Monitoring: well ID				12. Geothermal: how many bores?					
			Air Sparge		b) Open Loop Surface Discharge Inj. of Water							
4. Industr		Ĭ	Recovery Injection			13. Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? Z Yes No												
8 TYPE OF CASING USED: Steel PVC Other Done CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter												
							ness 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)												
☐ Continuous Stot ☐ With Stot ☐ Gatze Wrapped ☐ Total Cut ☐ Diffied Foles ☐ Outer (Specify)												
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From 6.5. ft. to 7. 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												
☐ 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? ft.												
10 FROM	TO		LITHOLOGIC LO		FROM		LITHO. LOG (cont.)		IG INTERVALS			
0	5	5017										
5	10	Yellow										
10	30	Limes										
30	65	Caleium	Carbonate + 5									
	Notes:											
11 CONTRACTORIS OR LANDOWNIEDIS OPPRINTO CHITCAL III.												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \Box constructed, \Box reconstructed, or \boxtimes plugged under my jurisdiction and was completed on (mo-day-year) $2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 $												
Kansas Water Well Contractor's License No. 361. This Water Well Record was completed on Gro-day-year).												
under the b	usiness nam	e of Strac	indicates. U	Cuelognons.	∴ <i>⊊a.</i> Si	gnature	The The	7				
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, 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.												
							ne for your records. Telep					
visit us at httr	1.11 www.kdhek	s.gov/waterwell	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									