				WWC-5			ision of Wat						
				ge in Well Use			ources App.		m 1: 3: 1	Well ID			
1 LOCATION OF WATER WELL: Fraction						}					nge Number		
County: JEFFERSON													
2 WELL Business:	2 WELL OWNER: Last Name: PASCO First: DALLAS 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:												
Address											CHECK HEIE.		
Address:													
City:													
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:400 ft. 5 Latitude:39.141688(decimal decimal de									(decimal degrees)				
SECTION POV. Depth(s) Groundwater Encountered: 1) ft. Longitude:								e: -95.240	118	(decimal degrees)			
N 2) ft., or 4) Dry Well Horizontal Datum; WGS 84 D N								4 □ NAD	83 D NAD 27				
WELL'S STATIC WATER LEVEL: ft. Source for Latitude/Longitude:													
1	1 1		below land surface, measured on (mo-day-yr)										
NW	NE		☐ above land surface, measured on (mo-day-yr)					(**************************************					
1 11			hours pumping gpm				☐ Land Survey ☐ Topographic Map ☐ Online Mapper: WGS84						
	Well water was ft.						`	Juli	е імаррет				
SW	SE	after	hour	rs pumping									
		Estimated Y	'ield:Q	gpm	^	_	6 Elevation:ft. Grou						
	S	Bore Hole I		5.5/8 in to4						☐ GPS ☐ Topographic Map			
1 r				in. to		. ft.			Other	***************************************			
i	7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
1. Domestic				ater Supply: well ID ng: how many wells					eld Water Supply: le				
☐ Lawn				Recharge: well ID					Uncased				
Livesto				ng: well ID					al: how many bore				
2. Irrigati	on			tal Remediation: we					Loop Horizon				
3. Feedlo			Air Sparg			xtraction			Loop Surface Di				
4. Industr	rial		Recovery	☐ Injection	n		13. 🗆 0	ther	(specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:													
Water well	disinfected'	? 🔲 Yes 🔳	No										
8 TYPE O	F CASING	USED: 🗆 S	teel PV	C Other HDP	OLY	CASI	NG JOINTS	S: 🗆	Glued Clampe	I Welde	d Threaded		
Casing diam	eteseLOW1	in. to	400 ft.	, Diameter n. WeightSI	i DD4	n. to	ft., Diar	neter	in. to	ft.			
						.! lbs./ft.	Wall thic	knes	s or gauge No1.00	PSI			
· _				TERIAL: NONE				L (C:6-)				
☐ Steel☐ Brass		inless Steel vanized Steel				ed (open hole		ner (Specify)				
		RATION OPE			iic us	ed (open nor	<i>-</i>)						
1	nuous Slot	☐ Mill Slot			1 Tor	ch Cut □ I	rilled Holes	П	Other (Specify)				
							None (Open I						
				m ft. to						ft. to	ft.		
G	RAVEL PA	CK INTERV	ALS: From	m ft. to		ft., From .	ft. 1	ю	ft., From	ft. to	ft.		
9 GROUT	MATERIA	AL: Neat o	ement [Cement grout	Ben	tonite \square (Other						
Grout Interv	als: From	400 ft. to	3	ft., From	fi	t. to	ft., From		ft. to	ft.			
Nearest sou	rce of possib	le contaminati		□ n: n :		_							
☐ Septic		_	Lateral Lin Cess Pool	es ☐ Pit Priv ☐ Sewage			Livestock P			cide Storage			
	ight Sewer Li		Seepage Pi				Fuel Storage Fertilizer St	ora <i>pe</i>		oned Water			
Other (Specify)			· · · · · · · · · · · · · · · · · · ·		•••		•					
Direction fro	m well?			Distance from	n wel	1?							
10 FROM	TO	I		GIC LOG		FROM	TO		HO. LOG (cont.) or		G INTERVALS		
		SOIL/CLAY											
9		SHALE											
74		LIME				400	3		00' BORES PLU		ITH		
85		SANDSTON	<u>E</u>					HIG	H SOLID BENT	ONITE			
103		SHALE											
123		LIME		······································									
131	400	SHALE				Notes:							
11 CONTRACTORIS OR LANDOWNERS CERTIFICATION TO U													
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) .01/31/2017 and this record is true to the best of my knowledge and belief.													
Kansas Wa	ter Well Co	ntractor's Lice	ense No.	561 This	Wat	er Well Red	ord was co	u۱ حر mnle	eted on (mo-day	y knowled)	/2017		
under the b	usiness nam	e of Evans.	Energy D	evelopment, Inc.		Si	gnature >	Zst.	16 G		·		
Mail 1	l white copy ale	ong with a fee of	\$5.00 for <u>ea</u>	ch constructed well to:	Kans	as Department	of Health and	Envi	ronment, Bureau of W	ater, GWTS S	Section,		
				66612-1367. Mail one				one fo	r your records. Teleph				
Visit us at http	://www.kdhek	s.gov/waterwell/i	ndex.html		ŀ	KSA 82a-12	12			Revised	7/10/2015		

County:	fferson	Fraction: _	W2 W2 NE N	NE	Sec	36	т	10_s	R	<u> 19</u>	<u>E</u>	
CORRECTION(S)	o WATER WELL	COMPLET	TION RECORD	Forn	1 WWC-	5 (to	rectify la	cking o	r incorr	ect inforr	nation)	
Owner: Pasco, D	allas											
If location corrected, was listed as:					Location changed to :							
Section-Township-Ra	nge:	None giv	Sec 36-T10s-R19e									
Fraction (1/4 calls):					W2 W2 NE NE							
Other changes: Initial statements:												
Changed to: Comments: Location given: Lat = 39.141688 Long = -95.240118, No PLSS (Sec,Township, Range)												
Verification method:	PLSS from K	GS LEOV	Veb program									
					Ir	nitials:	DLS	Date	5/1	5/2017		
Submitted by: Ka	nsas Geological Sunsas Dept. of Healt										367	

(rev 3/23/2017)