AND THE PERSON NAMED AND THE P											MW-11		
Original Record Correction Change in Well Use						Resources App. No.			Samuel Manuel	Well ID	nge Number		
1 LOCATION OF WATER WELL: Fraction						Section Number Township Number T 10 S					E W		
County.													
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and													
Business: Kuhn Velma L Trust direction from nearest town or intersection): If at owner's address, check here:													
Address: 47 ST Adair Ave N [215 E. Politiz Ave., Ivialitatian, Ns.													
The state of the s	City: Crystal State: NM ZIP: 55429												
2 100455 WEY													
	WITH "X" IN SECTION BOY. Depth(s) Groundwater Encountered: 1)15.8.							********* Lts (D RIGHTSHEED					
	ON BOX:	Depth(s) G	roundwater .	Encountered: 1)	9.91	ft. Longitude: -96.55600 (decimal degrees) y Well Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27							
	N	2)	II.	3) ft., or 4)	O O3 O	ell					83 LI NAD 27		
 	WELL'S STATIC WATER LEVEL:								titude/Longitude				
NW	Pump test data: Well water wasft.						Land Survey Topographic Map						
The second control of							Online Mapper:						
WX	Well water was ft.												
SW	SW SE after hours pumping								1010 22				
	Estimated Vield: com							6 Elevation: 1010.22 ft. Ground Level TOC					
	S Bore Hole Diameter: . 8.75. in. to 24. ft.							Source: Land Survey GPS Topographic Map					
1 mile in. to ft. Unite													
7 WELL WATER TO BE USED AS:													
1. Domestic: 5. Public Water Supply: well ID								10. ☐ Oil Field Water Supply: lease					
☐ House	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID						
☐ Lawn	☐ Lawn & Garden ☐ Livestock 7. ☐ Aquifer Recharge: well ID								☐ Uncased ☐ C				
	☐ Livestock 8. Monitoring: well ID								how many bores				
	2. 🗆 Irrigation 9. Environmental Remediation: well ID								oop Horizont				
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex						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. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 0 in. Weight lbs/ft. Wall thickness or gauge No. sch 40													
Casing height above land surface													
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: From14													
SCREEN-PERFORATED INTERVALS: From													
GRAVEL PACK INTERVALS: From 12 ft. to 24 ft., From ft. to ft., From ft. to ft.													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other cement pad													
Grout Intervals: From 1 ft. to 12 ft., From .0 ft. to .1 ft., From .ft. to ft. Nearest source of possible contamination:													
			ion: Lateral Line	es Pit Privy		Пт	ivestock Per	ne	□ Insectio	cide Storage			
☐ Septic			Cess Pool	Sewage I	agoon		Fuel Storage			oned Water			
☐ 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) contaminated site													
Direction from well?													
10 FROM	TO		LITHOLOG	GIC LOG	FRO	M	TO	LITHO	D. LOG (cont.) or	PLUGGIN	G INTERVALS		
0	10			, dry, sandy in par									
10	15	Silty Clay, d						SERVICE CONTRACTOR	NAME OF THE OWNER, WHITE OWNER, WHIT OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHIT				
15	18	Clay, dark b							VII. 20-10-10-10-10-10-10-10-10-10-10-10-10-10				
18	20	Sand, light I											
20	24			e to coarse, wet to	Sa								
20		Jana, ngirt			1						U7: 352 WYST-127		
	ļ	**************************************			Note	s:			· · · · · · · · · · · · · · · · · · ·				
 	 				17.75					and the second	Market State		
11 CONT	RACTOR	SORLAND	OWNER'S	S CERTIFICATIO	N: This	water	well was	cons	structed, Treco	instructed,	or plugged		
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) .3-8-2023 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo-day-year) .7.123 /2.3													
Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo-day-year) .1.1.48/23													
under the business name of Environmental Priority Service, Inc. Mail I 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,													
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, Gw 15 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 htt	m://www.kdhe	ks.gov/waterwell/	index.html		KSA 8	28-121	4			WEA1260	LIIIVAULJ		