WATER WELL R		Form W		Div	ision of Wate	r		
				ources App. N		Well ID		
1 LOCATION OF W			Fraction	Sec	tion Numbe			
County: W/b	unsig		IN/A SWISWA		<i>3/</i>	T/26		
2 WELL OWNER: La Business:	ast Name:	charpy	Drwo.	direction from	rai Address	intersection): If at owner	(if unknown, distance and	
Business: Address: 408 Houston Stritt direction from nearest town or intersection): If at owner's address, check here: From Almi Go Lemins Southon 97 thm to								
Address:								
City: MAN hall	IN	State:	ZIP00 30 2 T	Thore la	7 inclus	TO LOOKENT	AA + GO I VANUS	
3 LOCATE WELL	4 DEPTH	I OF COMP	LETED WELL:	<i>155</i> ft	. 5 Latitu	id N 38°57, 8	(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) G	roundwater En	countered: 1) 7.2	. ft.	Longi	Longitud		
N	Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) □ Dry Well				Horizo	Horizontal Datum: ♥ WGS 84 □ NAD 83 □ NAD 27		
	WELL'S STATIC WATER LEVEL:90 ft.				Source	Source for Latitude/Longitude GPS (unit make/model Sannus E. Terx 2)		
	below land surface, measured on (mo-day-yr)				· [G	(WAAS enabled? Yes No)		
NW NE		Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map		
w E		after hours pumping gpm				Online Mapper:		
ÆW SE		Well water was ft.						
VW - SE			umping		6 Fleva	tion: 1199 A	t. Ground Level 🗆 TOC	
S	Estimated	Yield: ZUT	^{gnm} in. to 155) A and			GPS Topographic Map	
31 mile	Boie Hole	Diameter:	in. to	II. and	50010			
7 WELL WATER TO BE USED AS:								
1. Domestic:			r Supply: well ID		10. 🗌 Oi	l Field Water Supply: 1	ease	
Household	6.	☐ Dewatering:	how many wells?		 Test I 	Hole: well ID		
☐ Lawn & Garden	7. Aquifer Recharge: well ID					sed Uncased		
Livestock	8. Monitoring: well ID					ermal: how many bore		
2. ☐ Irrigation 3. ☐ Feedlot		Air Sparge	Remediation: Well II. Soil Vapor I			a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water		
4. ☐ Industrial		Recovery	☐ Injection	Extraction			ischarge inj. or water	
Was a chemical/bacter				Vac FD No			ed:	
Water well disinfected?			ied to KDHE!	ies 🖪 No	11 yes, date	sample was submitte	5u	
8 TVPE OF CASING USED: Steel DPVC Steel DPVC Other CASING JOINTS: Glad Camped Steel Threaded								
Casing diameter								
Casing diameter								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)								
☐ Brass ☐ Galvanized Steel ☐ Confrete tile ☐ None used (open hole)								
Gauze Wrapped Torch Cut Drilled Holes Other (Specify)								
SCREEN OR PERFORATION OPEN CONTINUOUS Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)								
SCREEN-PERFORATED INTERVALS: From . 13.5 ft. to 5.5 ft., From ft., From ft., From ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Nearest source of possible contamination:								
Septic Tank		Lateral Lines	☐ P ac P rivy		Livestock Pe		icide Storage	
☐ Sewer Lines☐ Watertight Sewer Lin		Cess Pool Seepage Pit	☐ Sewage La ☐ Feedyard		Fuel Storage Fertilizer Sto		loned Water Well ell/Gas Well	
Other (Specify)					Termizer 5to	nage 🗆 On w	on/ das wen	
Direction from well?						ft	t.	
10 FROM TO		LITHOLOGI	C LOG	FROM	TQ	LITHO. LOG (cont.) o	or PLUGGING INTERVALS	
0 1	TOP SOI	6		61	67	Griy Shove		
/ 2	Vellou	r ShAL	e	69	73	Link (STON)		
2 3	LIMIST	ONB		123	198	GALY SHAL	8	
3 5	Brown	=5 hold	<u> </u>	178	1/2	fin store	(WALLO)	
9, 14	4MST	ene		1/2	137	DILY BILYS,	hall	
16	Brown	SAIL		13.7	155	Limis Tong		
160 46	GWA 2	police		- Notes:	_	.,		
150	INN S	MALE						
1 CANTE CTOP'S	Ling O.J	DWNED'S	CEDTIFICATION	N./ This Avate	r well was	Constructed Tree	constructed or I plugged	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well was constructed, in reconstructed, or in plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief								
Kansas Water Well Contractor's License No. 45. This Water Well Record was completed on (mo-day-year) under the business name of								
under the business nam	e of	All (m)	in Will	1. Cillim	<i>[</i>	Com	the curt	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Wate CWTS 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.								
1000 SW Jackson S Visit us at http://www.kdhek		•	b612-1367. Mail one to	Water Well Ow KSA 82a-12		one for your records. Telep	Revised 1/20/2015	
Tion us at mup // www.kullck	o. 50 vi watel Well	THURSA.HUIII		110/1 04a-1/			ALUTINUM ATEUTAULU	