WATER WELL R		WWC-5		vision of Wate	1 1		
Original Record		ge in Well Use		ources App. N		Well ID	
1 LOCATION OF W County: JOHNSON	Fraction NW 1/4 NE 1/4 NE 1/4		ction Numbe 34	T Township Number 12 S		ge Number ■ E □ W	
2 WELL OWNER: Last Name: SCIFRES First: MICHAEL Street or Rural Address where well is located (if unknown, distance and							
Business: Address: 9364 MISSION ROAD  direction from nearest town or intersection): If at owner's address, check							neck here:
Address: 9135 LEE BLVD, LEAVVOOD, KS 60206							
City: PRAIRIE VILLAGE State: KS ZIP: 66206							
3 LOCATE WELL WITH "X" IN	4 DEPTH OF COMPLETED WELL:400 ft. 5 Latitude:38.9634						
SECTION BOX:	Depth(s) Groundwater Encountered: 1)						
N	2) ft. 3) ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: ft.				ontal Datum: WGS 84		3 □ NAD 27
		, measured on (mo-day-			for <u>Latitude/Longitude</u> : PS (unit make/model:		
NW NE		, measured on (mo-day-		.   "	(WAAS enabled? □		
N/		vater was ft		☐ Land Survey ☐ Topographic Map			
W E	after hours pumping						
SW SE	after hours pumpinggpm						
S	Estimated Yield:0						
1 mile	in. to						
7 WELL WATER TO BE USED AS:							
1. Domestic:		iter Supply: well ID			l Field Water Supply: le		
☐ Household☐ Lawn & Garden	<ol> <li>Dewatering: how many wells?</li> <li>Aquifer Recharge: well ID</li> </ol>			11. Test Hole: well ID			
Livestock	8. Monitoring: well ID						
2. Irrigation	9. Environmental Remediation: well ID						al
3. ☐ Feedlot 4. ☐ Industrial	3. ☐ Feedlot       ☐ Air Sparge       ☐ Soil Vapor Extraction       b) Open Loop ☐ Surface Discharge ☐ Inj. of Water (specify):         4. ☐ Industrial       ☐ Recovery       ☐ Injection       13. ☐ Other (specify):						
	Recovery						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:							
8 TYPE OF CASING HISED: The Steel Tipe Other HD POLY CASING JOINTS: The Cloud Tipe Cloud							
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ■ Other HD POLY CASING JOINTS: ☐ Glued ☐ Clamped ■ Welded ☐ Threaded Casing diameter in. to							
Casing height above land surface 36 in. Weight SDR11 lbs./ft. Wall thickness or gauge No. 160 PSI							
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel Fiberglass PVC Other (Specify)							
☐ Steel     ☐ Steinless 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: From							
GRAVEL PACK INTERVALS: From							
9 GROUT MATERIAL: Neat cement Cement grout Reptonite Other							
Grout Intervals: From							
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	LITHOLOG		FROM		LITHO. LOG (cont.) or	PLUGGING	INTERVALS
	OIL & CLAY 150-15	4 SHALE	374	376 L	IME		
	HALE 154-16		376	382	SHALE		
		7 SHALE	382		.IME		
	HALE 207-20 IME 208-30		387	400	SHALE		
		B SHALE 3 SAND				<del></del>	
		SHALE	Notes: 3	-400' BORES	00' BORES AND 3-335' BORES		
105 125 SHALE 352-363 LIME PLUGGED WITH HIGH SOLID BENTONITE							
125 150 LIME 363-374 SHALE							
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) .1/22/2019 and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. 561 This Water Well Record was completed on (mo-day-year) 01/29/2019							
under the business name of EVANS ENERGY DEVELOPMENT, INC. Signature							
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, Topcka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.  Visit us at http://www.killinks.gov/variatiesel-baile-bland KSA 82a-1212 Revised 7/10/2015							