WH #2

| WATER WELL R | | A / / | ion of Water | | | |
|--|--|---------------------------------------|--|--|-------------------|--|
| | Correction Change in Well Use W | 1 () | rces App. No. | Well II Township Number R | | |
| 1 LOCATION OF W. County: Dicker | | Secti | on Number 7 | T 13 (S) R | ^ / | |
| 2 WELL OWNER: La | est Name: Clark First: Clark | · · · · · · · · · · · · · · · · · · · | d Address wh | ere well is located (if unknow | | |
| 2 WELL OWNER: La Business: | ist Name: 5 hank First STOVEN | | | | | |
| Address: 2457 Address: | | From | -70 CB | ersection) If at owner's address | 15 MW/ 10 | |
| City: AhiL | ene State: 1652IP: 67410 | 2440 X | is, Ihan b | so EDST TO HAVEN | Privates & | |
| 3 LOCATE WELL | 4 DEPTH OF COMPLETED WELL: | | | N38.57.24: | | |
| ⊁WITH "X" IN | Depth(s) Groundwater Encountered: 1) | 7) | Langitude | 1eW 0976 12.69 | (decimal degrees) | |
| SECTION BOX: | 2) ft. 3) ft., or 4) | | Y Horizonta | al Datum: WGS 84 🗆 NA | D 83 NAD 27 | |
| IN | WELL'S STATIC WATER LEVEL: | ft. | | r Latitude/Longitude: (unit make/mode | | |
| | below land surface, measured on (mo-day | | | | | |
| NW NE | above land surface, measured on (mo-day Pump test data: Well water was | | | (WAAS enabled? ☐ Yes ☐ | | |
| w E | afterhours pumping | | | Survey 🔲 Topographic Map | | |
| | Well water was | ft. | | io mappor | | |
| SW SE | after hours pumping | . gpm | 6 Flevatio | n:4.202ft. 🗗 Grou | und Level □ TOC | |
| S | Estimated Yield: 5 gpm Bore Hole Diameter: 9 in to | / e and | | Land Survey GPS | | |
| | in. to | ft. | |] Other | | |
| 7 WELL WATER TO | | | -l | | | |
| 1. Domestic: | 5. Public Water Supply: well ID | | | eld Water Supply: lease | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | |
| Lawn & Garden | 7. Aquifer Recharge: well ID | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| ☐ Livestock 2. ☐ Irrigation | 8. Monitoring: well ID | | 12. Geothermal: how many bores? | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor | | b) Open Loop Surface Discharge Inj. of Water | | | |
| 4. Industrial | ☐ Recovery ☐ Injection | / | | (specify): | | |
| Was a chemical/bacter | iological sample submitted to KDHE? 🔲 | Yes D No | If yes, date sa | mple was submitted: | | |
| Water well disinfected? | Yes □ No | | | | | |
| 8 TYPE OF CASING | USED: ☐ Steel PVC ☐ Other | CASIN | G JOINTS: I | Glued 🗌 Clamped 🗌 Wel | ded Threaded | |
| Casing diameter 5 | in. to 3.0 ft., Diameter | . in. to | ft., Diamete | r in. to | ft. | |
| Casing height above land s | surface | 0 lbs./ft. | Wall thicknes | ss or gauge No | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Fiberglass PVC Other (Specify) | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ Conjugate tile ☐ None used (open hole) | | | | | | |
| SCREEN OR PERFORATION OPENING ARE: | | | | | | |
| Continuous Slot Mill Star Gauze Wrapped Torch Cut Drilled Holes Other (Specify) | | | | | | |
| □ Louvered Shutter □ Key Purched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | |
| | | | | | | |
| Grout Intervals: From | L: Neat cement Cement grout DB5 ft. to | ft to | ft From | ft to ft | ************** | |
| Nearest source of possible | e contamination: | . 10. 00 | , 1 10111 | | | |
| ☐ Septic Tank | Lateral Lines Pit Privy | _ | ivestock Pens | ☐ Insecticide Stora | _ ; | |
| ☐ Sewer Lines | Cess Pool Sewage L | | Tuel Storage | ☐ Abandoned Wat | | |
| ☐ Watertight Sewer Lir ☐ Other (Specify) | nes Seepage Pit Feedyard | ∐ F | ertilizer Storag | ge ☐ Oil Well/Gas W | ell | |
| Direction from well? | Coulh Distance from v | vell? | <i>/</i> | ft. | | |
| 10 FROM TO | LITHOLOGIC LOG | FROM_ | | THO. LOG (cont.) or PLUGG | ING INTERVALS | |
| 0 1 | Ton Soil | 83 | 100' | Park GAN DIW | Shall | |
| 1 27 | Brown Clay | | | | | |
| 27 30 | Limitors Water) | | | | | |
| 30 36 | Ton Shole | | | | | |
| 36 43 | LIMISTONE () | | | | | |
| 43 56 | CONY Shall Light | Notes | L | <u> </u> | | |
| 5k 58 | Notes: Original Returned to | | | | ned to Sender | |
| 10 83 Lingston Shote / for Correction Date: 4/35/ | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION his water well was constructed, reconstructed, plugged | | | | | | |
| under my jurisdiction as | nd was completed on (mo-day-year). 📆 | | his record is t | rue to the best of my knowl | edge and belief. | |
| Kansas Water Well Cor | ntractor's License No This W | ater Well Reco | ord was comp | leted on (mo-day year) .4. | 1,24/2018 | |
| under the business name of Mall Mall Mall Mall White copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water WTS Section, | | | | | | |
| | t., Suite 420, Topeka, Kansas 66612-1367. Mail one to | | | | | |
| 1 | Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-121 | | | | | |