| | WELL R | | | | | ision of Wate | · • | | | |
|--|---|---------------------|--|--|--|--|---------------------------------|-------------------|-------------------|--|
| ☐ Original | Record | Correction | | e in Well Use | | ources App. N | | Well ID | | |
| | | ATER WEI | LL: | Fraction | Section Number Township Number Range Number | | | | | |
| | : Johnson | | | NWSW45W4 | | | | | | |
| | OWNER: L | ast Name: Stu | ıtz | | | treet or Rural Address where well is located (if unknown, distance and | | | | |
| Business: | Oak Cirola | | | direction from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: 9842 Pin Oak Circle Address: | | | | | | | | | | |
| City: | DeSoto | | State: KS | ZIP: 66018 | | | | | ! | |
| 3 LOCAT | | 4 DENTI | I OF COL | APLETED WELL: . | 200ft. 5 Latitude 38. 9500 48 (decimal degrees) Longitude: -94. 94539.5 (decimal degrees) | | | | | |
| WITH " | X" IN | | | Encountered: 1) | 0 f I I I I I I I I I I I I I I I I I I | | | (decimal degrees) | | |
| SECTION BOX: | | | | 3) ft., or 4) | | Longi | ntal Datum: WGS 8 | | (decimal degrees) | |
| 1 | | | TER LEVEL: | | | for Latitude/Longitude | | 63 LI NAD 21 | | |
| | | | | , measured on (mo-day- | | | | | | |
| NW | NF | | | , measured on (mo-day- | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | ı | | | vater was fl | | | ☐ Land Survey ☐ Topographic Map | | | |
| w | after | after hours pumping | | | Online Mapper:9.6.9.5.1.C | | | | | |
| swse | | | Well water was ft. | | | | | | | |
| | | | after hours pumpinggr Estimated Yield:Qgpm | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | S | Pore Hole | Y ICIG:V. Diometer | 55/8 in to 200 | ft and | Source: Land Survey GPS Topographic Map | | | | |
| Boie Hoi | | | in. to | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | |
| | | | ng: how many wells? | | | | | •••• | | |
| | | | echarge: well ID | | | | ı | | | |
| | | | ng: well ID | | | | | | | |
| 2. Irrigation 9. Environmental Reme | | | | al Remediation: well II | | a) Closed Loop Horizontal Vertical | | | | |
| 3. ☐ Feedlot ☐ Air Sparge | | | | Extraction | | en Loop Surface Discharge Inj. of Water | | | | |
| 4. Industr | rial | | Recovery | ☐ Injection | | 13. ∐ Ot | her (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 HD Poly CASING JOINTS: ☐ Glued ☐ Clamped ■ Welded ☐ Threaded | | | | | | | | | | |
| Casing diameter in. to 200 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 36 in. Weight SDR11 lbs/ft. Wall thickness or gauge No. PSI160 | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: NONE | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: NONE | | | | | | | | | | |
| ☐ 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 Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| 1 | | | | IL, I IOIII | 16. W | It., I IOIII | M. W | | | |
| Nearest source of possible contamination: Septic Tank | | | | | | | | | | |
| ☐ Sewer | | | Cess Pool | ☐ Sewage La | | Fuel Storage | | doned Water | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | |
| Other (Specify) Direction from well? Distance from well? | | | | | | | | | | |
| | | | | | | | | | C DESTRUCTION | |
| 10 FROM | TO | | LITHOLO | | FROM | то | LITHO. LOG (cont.) | N PLUGGIN | GINIERVALS | |
| 0 | | soil/clay | 184-196 | | | | | | | |
| 14 | | lime | 196-200 | snale | 1000 | | 4 000l Da Di | and MARAL | | |
| 25 | | shale | | | 200 | | 4-200' Bores Plugg | | | |
| 31 | | lime | | | | | High Solid Bentoni | IR | | |
| 37 | | shale | | | + | | | | | |
| 56 | | lime | | | N-4 | | | | | |
| 76 | | shale | | | Notes: | | | | | |
| 81 | | lime | | | 4 | | | | | |
| 146 184 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) .0.7/1.4/20.16 and this record is true to the best of my knowledge and belief. | | | | | | | | | | |
| Kansac Wa | urisulcuon 8 iter Well Co | ntractor's I i | newu on (I cense No | 561 This Wa | ater Well Re | cord was | npleted on (mo-days | vear) 07/1 | 5/2016 | |
| under the b | usiness nam | e of Evans | Energy D | evelopment, inc | S | gnature 📜 | 703, C | <u> </u> | | |
| 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, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | | | | |
| | Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | |