WATER WELL RECO	_	Form W				sion of Water irces App. No.		Well ID	MW2	
X Original Record	Correction		in Well Ust		Resou		Township Ni			
1 LOCATION OF WA	TER WELL	<b>.:</b>	Fraction NW 1/4 SW 1/2	4 NW	¼ SE ¼		Township Nun	S R	Number 23 X E W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction										
Business: Taylor Oil, In		om nearest town or intersection): If at owner's address, check here:								
Address: 504 Main St., PO Box 581 102 S Webster St., Spring Hill, KS										
Address:										
City Wellsvi		tate: KS	ZIP: 66092 OMPLETED WELL:	14	ft f	5 Latitude:	38 743	58 (de	cimal degrees)	
3 LOCATE WELL WITH "X" IN			r Encountered: 1)	***************************************		Longitude	94.825	15 (de	ecimal degrees)	
SECTION BOX:	2)	ft	3)ft, or 4)	Dry We	ell Horizontal Datum X WGS 84 NAD 83 NAD 27					
N	WELL'S STATIC WATER LEVEL: 2.90				ft. Source for Latitude/Longitude:					
	X below land surface, measured on (mo-day-									
NW NE -	above land surface, measured on (mo-day-				(WAAS enabled? Yes No)  X Land Survey Topographic Map					
	Pump test data: Well water was									
w	E after hours pumping Water well was				··					
	l at		hours pumping	gpn	m 6 Elevation 1061.12 ft Ground Level X TOC					
SW SE			gpm	•••••		Source X Land Survey GPS Topographic Map				
	Bore Hole Diameter: 7.25 in to									
S			in to	ft						
7 WELL WATER TO BE USED AS:										
1 Domestic:		ublic Water S	Supply: well ID		10	Oil Field V	Vater Supply: leas	e		
Household	<u></u>		ow many wells?		1	Test Hole: wel	I ID			
Lawn & Garden 7 Aquifer Recharge: well ID					Cased Uncased Geotechnical					
Livestock	8 X Monitoring: well ID MW2					2 Geothermal: Ho				
2 Irrigation	9 Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water				
3 Feedlot		ir Sparge	Soil Vapor Exti	ractior		b) Open Loop Other (spe		ischarge	Inj. of water	
4 Industrial		lecovery	Injection			Other (spe				
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted:										
Water well disinfected? Yes X No										
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded										
Casing diameter 2 in. to 4 ft, Diameter in. to ft, Diameter in. to ft, Casing height above land surface -0.30 in. Weight lbs./ft. Well thickness or gauge No										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
Steel Stainless Steel Fiberglass X PVC Other (Specify)										
Brass Galvanized Steel Concrete tile None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
Continuous Slot X Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)										
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)									0	
SCREEN-PERFORATED INTERVALS: From 4 ft. to 14 ft, From ft. to ft, From ft. to ft, From ft. to ft,									π,	
GRAVEL PACK INTERVALS: From 2 ft. to 14 ft, From ft. to ft, From ft. to ft,										
9 GROUT MATERIAL:     Neat cement     Cement grout     X     Bentonite     X     Other Concrete: 0-0.5'       Grout intervals:     From     0.5     ft.     to     2     ft,     From     ft.     to     ft.										
Grout intervals: From	U.5 It. to	ft,	rromn. t		1t, FFO	11.	II,			
Nearest source of possible of Septic Tank	<del>, , , , , , , , , , , , , , , , , , , </del>	n: Lateral Lines	Pit Privy		Live	stock Pens	Insecticid	e Storage		
Sewer Lines		Cess Pool	Sewage La	goon		Storage		ed Water Well		
Watertight Sewer Lines	<u> </u>	Seepage Pit	Feedyard	-		lizer Storage		Gas Well		
1					<b></b>	-				
D: -: C 110 CF			Dictorno fro	m well?	20		ft			
10 FROM TO			OGIC LOG		FROM	ТО	LITHO. LOG (c	ont.) or PLUGG	ING INTERVALS	
0 0.5 A	sphalt/ gravel f	ĭII								
	lay lay, trace sand/	cilt								
	Shale									
	hale, trace sand	l/silt								
					NI-4 TOTAL	IE ID: CCU C	uioli Chaas XIA GAS	( 15/21		
					Notes: KDI	1E ID: C&H Q mitoring well ic	uick Shop; U4-046	o-15441 er. <20' of grou	it was installed at	
Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed. reconstructed, or belinged under my										
iurisdiction and was completed on (mo-day-year) 2/14/23 and this record is true to the best of my knowledge and belief. Kansas Water Well-Contractor's										
License No 757	This	Water Well R	ecord was completed o	n (mo-day	-year) <u>3/15/</u>	23	///>	$\leq / =$	/	
under the business name of	Larsen & As	sociates, 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, 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										

