WATER	Division of Water													
		Correction				ources App.			Well ID					
1 LOCATION OF WATER WELL: Fraction						Section Number Township Number Range Number								
	: JOHNSC			NW 1/4 SE 1/4 NE 1/4										
	OWNER: 1	ast Name: DA	VE	First: WEBB	Street or Rural Address where well is located (if unknown, distance and									
Business: Address:	direction from nearest town or intersection): If at owner's address, check here:													
Address:	4015 VV .	191ST STRE	'											
City:	STILWEL	4	State: KS	ZIP: 66085										
3 LOCATE		4 DEPTH	OF COM	PLETED WELL:	400 ft	. 5 Latit	tude:	38.77966	37	(decimal degrees)				
WITH "X		Depth(s) G	roundwater]	Encountered: 1)	ft.	Long	gitude	e: -94.6414	134	(decimal degrees)				
SECTION		2)	ft. 3	3) ft., or 4) □	Dry Well			Datum: WGS 84						
				TER LEVEL:				Latitude/Longitude						
	1			/r) /r)			unit make/model:							
NW	NE		lata: Well w				WAAS enabled? ☐ Survey ☐ Topogra		10)					
w	E		hours		om Online Mapper: WGS84									
	' [Well v	•										
SW	SE		hours	gpm	om 6 Elevation:ft. ☐ Ground Level ☐ TOC				Level TTOC					
		Estimated Y	/ield:0.	Ad	Source: Land Survey GPS Topographic Ma				prographic Map					
S1 m		Bore Hole I	Bore Hole Diameter: .5.5/8 in. to											
7 WELL WATER TO BE USED AS:														
1. Domestic:	*********			ter Supply: well ID		10. □ C	oil Fiel	ld Water Supply: le	ase					
☐ Househ	☐ Household 6. ☐ Dewatering: how many wells?													
1 =				echarge: well ID		Cased Uncased								
, —	☐ Livestock 8. ☐ Monitoring: well ID							al: how many bores						
2. ☐ Imgand	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E							Loop Horizont Loop Surface Di						
4. Industri			Recovery		XII action			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														
Casing height above land surface														
TYPE OF SCREEN OR PERFORATION MATERIAL:														
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ 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 ft. to ft., From ft., From ft., From ft.														
GRAVEL PACK INTERVALS: From ft., From														
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other														
Vegreet source of possible contemination.														
Nearest source of possible contamination: □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage														
☐ Sewer I		_	Cess Pool	☐ Sewage Lag		Fuel Storage		_	oned Water	Well				
	ght Sewer Li		Seepage Pit	☐ Feedyard		Fertilizer St		☐ Oil We	ll/Gas Well					
☐ Other (Specify) Direction from well? Distance from well? ft.														
10 FROM TO LITHOLOGIC LOG						ТО		HO. LOG (cont.) or		GINTERVALS				
		SOIL/CLAY			FROM 259	263	SHA		LUGGIN	JINIERVALS				
		LIME	147-157		263	273	SAN							
		LIME	157-175		273	310	SHA							
		SHALE	175-187		310	313	LIMI							
		LIME	187-213		313	400	SHA							
			213-220		T									
	93 LIME 220-241 LIME				Notes: 2-400 BORES									
93 124 SHALE 241-245 SHALE These bores where plugged 400-280 with Bentonite, 280-180								with Neat						
124 126 LIME 245-259 LIME Cement 180-3 with Bentonite 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, □ reconstructed, or plugged														
		OR LAND	OWNER'S	S CERTIFICATION										
under my ju	risdiction a	nd was comp	leted on (m	no-day-year) .10/1.7/2	V.1 A and	this record	is tru	ted on (me do:	y knowleds	ze and belief.				
under the h	isiness nam	e of EVANS	ENERG	661 This Way Y.DEVELOPMENT.	INC. Si	onature 4	mple	on the day	ar) .IM.IO	Da				
Mail 1	white copy al	ong with a fee of	\$5.00 for eac	ch constructed well to: Kan	sas Department	of Health and	d Envir	onment, Bureau of Wa	ater, GWTS S	Section,				
1000	SW Jackson S	t., Suite 420, To	peka, Kansas	66612-1367. Mail one to V	Vater Well Ow	ner and retain			one 785-296-	5524.				
Visit us at http	://www.kdhek	s.gov/waterwell/	index.html	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										