			orm WWC-				ion of Water			MW-06S		
		Correction	Change in Well	Use		Resou	rces App. N		Well ID			
		VATER WELL:	Fractio			Secti	on Number			Number		
				NE ¼ SE ½			4	T 16 S		■ E 🗆 W		
							Street or Rural Address where well is located (if unknown, distance and					
Business: Corps of Engineers Address: 601 E 12th ST						direction from nearest town or intersection): If at owner's address, check here:						
Address:	601 E 12	rtn Si			1/2 Mi NW of RD 360 & RD D							
City:	Kansas (	City State	: MO ZIP: 6	4106								
2 LOCATE MELL						24 0 N 39 69503						
WITH "V" IN 4 DEPTH OF COMPLETED WELL:						21 ft. 5 Latitude: N 38.68503(decimal degrees)						
SECTION BOX: Depth(s) Groundwater Encountered: 1)						(uconial degrees)						
WELL'S STATIC WATER LEVEL:												
		below land surface, measured on (mo-day-yr)					GPS (unit make/model:garmin )					
NW	NE		above land surface, measured on (mo-day-yr)									
			Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
w <del>                                   </del>	E		after hours pumping gpm									
				ater was ft.								
3,	13E		after hours pumping gpn			6 Elevation:ft. ☐ Ground Level ☐ TOC						
<u> </u>	S		Estimated Yield:gpm Bore Hole Diameter:in. to									
							Source: ☐ Land Survey ■ GPS ☐ Topographic Map ☐ Other					
1 mile  in. to ft.												
1. Domestic			olic Water Suppl	v: well ID			10. 🗀 Oil	Field Water Supply: 1	ease			
1	Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells?											
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID												
Livest	☐ Livestock 8. ■ Monitoring: well ID							ermal: how many bore		••		
2. Irrigation 9. Environmental Remediation: well ID.												
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E							b) Open Loop    Surface Discharge    Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE?   Yes No If yes, date sample was submitted:												
Water well disinfected?  \( \subseteq \text{ Yes} \) \( \subseteq \text{ No} \)												
8 TYPE OF CASING USED: ☐ Steel PVC ☐ Other												
Casing diameter												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless 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)												
☐ Continuous Slot ■ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
SCREEN-PERFORATED INTERVALS: From16												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.												
Grout Intervals: From												
Nearest source of possible contamination:												
☐ Septic		☐ Later		☐ Pit Privy			ivestock Pen		cide Storage			
☐ Sewer		☐ Cess		Sewage L	agoon	□ F	uel Storage		oned Water We	:11		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify) .concrete bunker												
10 FROM	TO		OLOGIC LOC		FRON			π LITHO, LOG (cont.) o		NTEDVALS		
0	2	brown clay	OLOGIC LOC	,	TRON	+	10	Li IIIO, LOO (cont.) 0	LILUGGINGI	TILKVALS		
2	8	shale				$\dashv$	+					
8	21	limestone				$\dashv$						
21	25	gray shale										
25	26	limestone			+	-+-						
26	31	gray shale										
	, .	gray silaic	• •		Notes:							
					- 1.5tcs.							
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) .05/28/15 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No												
Kansas Wa	ater Well Co	ntractor's License	No	🚬 This W	ater Well	Reco	rd was com	pleted on (mo-day-y	ear) .06/28/15	5		
under the t	ousiness nan	ne of .lraul.xyeus	<b>.</b>									
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.												
				o/. Mail one to				e tor your records. Telep				
visit us at htt	p.//www.kanel	ks.gov/waterwell/index	.114111		KSA 82a	-141	4		Revised 1	1/40/4013		

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