WATER WE	LL RECORD	Form W		Div	ision of Water				
Original Reco	rd Correction	Change	in Well Use	Resc	ources App. No		Well ID		
	OF WATER WEL		Fraction	1	tion Number			e Number	
County: Fra	SW 1/4 SE 1/4 SE 1/4								
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance ar									
Business: Phi				direction from nearest town or intersection): If at owner's address, check here:					
	South Keeler (170	08-02)		Northwest o	omer of Lal	ette Road and So	uth Eisenho	ower Ave	
Address: City: Bai	tlesville	State: OK		Ottawa, KS		Jone House and Go		,,,,,	
3 LOCATE WE									
WITH "X" IN	4 DEPTH		PLETED WELL: ,			de: 38.5794			
SECTION BO	v.   Depth(s) Gro	ncountered: 1)1	.9 ft.	Longitude: -95.287954 (decimal degrees)					
N	2)!\	Dry Well		ntal Datum: WGS 8		3 □ NAD 27			
WELL'S STATIC WATER LEVEL:					Source for Latitude/Longitude:				
Pump test data: Well water was					□ Land Survey ■ Topographic Map				
w after N/A. hours pumping N/A gpm					Online Mapper:				
		ì.							
w afterN/Ahours pumping N/A gpm Well water wasN/A ft. afterN/Ahours pumping N/A gpm Estimated Yield:N/Agpm						6 Elevation: 925ft. ■ Ground Level □ TOC			
S	Bore Hole D	25 in to 20	ft. and Source: ☐ Land Survey ☐ GPS ■ Topographic Map ☐ Other						
THE WASTERNAME.									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID									
1. Domestic:	3. Li	Downtoring	er Supply: well ID	•••••					
						11. Test Hole: well ID			
Livestock						12. Geothermal: how many bores?			
2. Irrigation						a) Closed Loop    Horizontal    Vertical			
3. Feedlot			☐ Soil Vapor I		b) Op	en Loop 🔲 Surface D	ischarge 🔲 I	nj. of Water	
4. Industrial		Recovery	☐ Injection		13. 🔲 Oth	er (specify):			
Was a chemical/bacteriological sample submitted to KDHE?   Yes No If yes, date sample was submitted:									
Water and Historicated Two Walls									
8 TYPE OF CASING USED: Steel PVC Other 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)									
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:  ☐ Continuous Slot									
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
SCREEN-PERFORATED INTERVALS: From .5									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete 1									
Grout Intervals: From 1 ft. to 3 ft., From N/A ft. to N/A ft. to N/A ft.									
	possible contamination		•		,				
☐ Septic Tank		Lateral Lines			Livestock Pen		icide Storage		
☐ Sewer Lines		Cess Pool	☐ Sewage La		Fuel Storage		loned Water W	/ell	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Other (Specify) Petroleum pipelines  Direction from well? 750-feet Distance from well? South ft.									
		ITHOLOG		FROM		LITHO. LOG (cont.) o		INTERVALS	
0 17.5			2.5 YR 4/6, with	TROM	10	ETTIO. LOG (conc.) o	TLOGGING	HVIERVALS	
17.5	greenish gra								
	gioeilian gia	7 OIO 7 O/ 1	HAMIN		7/17/2/2				
17.5 20	Weathered s	hale dry	light brown, 7.5						
17.0	YR 6/3	ilaio, di y	iigik brown, 7.0						
	11100			1		· · · · · · · · · · · · · · · · · · ·			
		***************************************		Notes:	L				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
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) .6-20-20.16 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 759									
Mail Lybite copy along with a fee of \$5.00 for each constructed wall to Various Department of Health and The Copy along with a fee of \$5.00 for each constructed wall to Various Department of Health and The Copy along with a fee of \$5.00 for each constructed wall to Various Department of Health and The Copy along the Copy and the Copy along the Copy									
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									