			Form WW			vision of Wat					
		Correction [WATER WELL	Change in			ources App. l ction Numb		Lin Manual	Well ID	No1	
	y: Miami	VAIEK WELL	: rra	ction 45 W/4 NW 1/4	N/)1/4 Se	Ction Numb	er lown:	ship Numb		ge Number VIE □ W	
		Last Name: Gran	don Fir	st: Brad	Street or Ru	ral Address					
Business		ast Name. Orandon Phst. Drad			Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:						
Address:	29695 N	ew Lancaster F									
Address: City: Paola State: KS ZIP: 66071											
3 LOCAT	Paola		1	28 55 55 5							
WITH		4 DEPTH OF COMPLETED WELL:422 π.					5 Latitude: 38 . 58 8855(decimal degrees)				
	SECTION BOX: Depth(s) Groundwater Encountered: 1) . Name ft. 2)							17.2.5	ነ <i>5_7.4</i>	(decimal degrees)	
]	N	WELLSCOPA				Horiz	contal Datum:	XLWGS 8	4 ∐ NAD	83 🗆 NAD 27	
	WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr)							/Longitude		,	
¥ NW -	NE	above land surface, measured on (mo-day-yr)									
		Pump test data	was ft.		☐ Land Survey ☐ Topographic Map						
w	E	E after hours pumping gpm Well water was ft.					✓ Online Mapper:				
sw	SE	-0									
	1 1	after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
L	S Bore Hole Diameter: .5.5/8 in. to 400 ft. and						Source: Land Survey GPS Topographic Map				
1 mile in. to ft.											
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
_	Household 6.						11. Test Hole: well ID				
Lawn				☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?							
2. Irrigat		Monitoring: well ID Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical				
3. Feedlo		☐ Air Sparge ☐ Soil Vapor Extraction					b) Open Loop Surface Discharge Inj. of Water				
4. 🔲 Indust	rial		Recovery	☐ Injection							
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 CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter											
Casing height above land surface 36 in. Weight SDR11 lbs./ft. Wall thickness or gauge No. 160PSI											
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)											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
GROUT MATERIAL: Neat cement Cement grout Bentonite Other ement. Grout Intervals: From 10 ft. to 110 ft. to 50 ft.											
Nearest source of possible contamination:											
Septic Tank											
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well											
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify) Direction from well?											
10 FROM	TO TO	T 17	THOLOGIC	Distance from we	FROM	ТО				G INTERVALS	
0	9		6-164 shak		FROM	10	LITHO, LO	G (cont.) of	PLUGGIN	GINTERVALS	
9	18		64-180 lime	<u> </u>	 						
18	52		30-182 shale	a	ļ						
52	56		32-195 lime								
56	102		5-205 sand	stone							
102	107	sandstone 20			l						
107		lime			Notes:	Bestont	e bri	+ 1	100 - 11	0,50.3	
110	124	shale				10-1	La. L.	1- 1		,	
110 124 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) .01/18/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 561											
under the h	usiness nam	ne of Evans En	ergy Devel	opment, inc.	Si well Ke	gnature	lipicica on	ino-day-y	ear) .V.W.IS	(40.1D	
Mail	I white copy al	long with a fee of \$5	.00 for <u>each</u> con	structed well to: Kans	as Department	t of Health and	Environment,	Bureau of W	ater, GWTS S	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											