| WATER WELL R | | Form | | | | sion of Water | | Well ID | |
|---|---|---|-----------|------------|---|--|---|---|--|
| Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction | | | | | Section Number Township Number Range Number | | | | |
| County: SEDGWICK NW 1/4 SE 1/4 NW 1/4 SW | | | | | | 24 <u>T</u> 25 S R 1 ■E □ W | | | |
| 2 WELL OWNER: Last Name: SCHNEIDER First: JOE Business: SCHNEIDER First: JOE 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: 9710 N OLIVER | | | | | | | | | |
| Address: City: VALLEY CENTER State: KS ZIP: 67147 | | | | | | | | | |
| 3 LOCATE WELL WITH "Y" IN 4 DEPTH OF COMPLETED WELL: 90. ft. 5 Latitude: | | | | | | | | | |
| WITH "X" IN | Depth(s) Groundwater Encountered: 1) | | | | | Longitude: | | | |
| SECTION BOX: N | 2) ft. 3) ft., or 4) Dry Well WELL'S STATIC WATER LEVEL: ft. Source for Latitude/Longitude: | | | | | | | | |
| | | | | | | | | :) | |
| NW NE | above land surface, measured on (mo-day-yr) | | | | | (WAAS enabled? 🗌 Yes 📋 No) | | | |
| w | Pump test da | ta: Well w | vater was | ft. 90m | | Land Survey Topographic Map Online Mapper: | | | |
| | Well water was ft. | | | | | | | | |
| SW SE | | | pumping | gpm | 6 Elevat | 6 Elevation:ft. 🗆 Ground Level 🗖 TOC | | | |
| S | Bore Hole D | Estimated Yield: | | | | | Source: Land Survey GPS Topographic Map | | |
| 1 mile in. to ft. □ Other | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Dublic Water Supply: well ID 10. Dil Field Water Supply: lease | | | | | | | | | |
| Household | 6. Dewatering: how many wells? | | | | | 11. Test Hole: well ID | | | |
| Lawn & Garden | | 7. Aquifer Recharge: well ID | | | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | |
| 2. Irrigation | | 8. Monitoring: well ID 9. Environmental Remediation: well ID | | | | | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | |
| 3. Feedlot | Air Sparge Soil Vapor Extr | | | | on | b) Open Loop Surface Discharge Inj. of Water 13. Other (specify): | | | |
| 4. [] Industrial Recovery Injection 13. [] Other (specify): Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \blacksquare No II yes, date sample was submitted: | | | | | | | | | |
| 8 TYPE OF CASING USED: □ Steel ■ PVC □ Other CASING JOINTS: ■ Glued □ Clamped □ Welded □ Threaded | | | | | | | | | |
| 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) | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From .40 ft. to 80 ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: □ Neat cement □ Cement grout ■ Bentonite □ Other | | | | | | | | | |
| | | | | | | | | | |
| Nearest source of possible contamination: Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | | | |
| □ 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? NORTH Distance from well? 80 ft. | | | | | | | | | |
| | | | | | | TO | | DI LICCINO DITEDUALO | |
| 10 FROM TO 0 1 T | TOP SOIL | ITHOLO | GIC LOG | FR | OM | 10 | LITHU. LUG (cont.) of | PLUGGING INTERVALS | |
| and the second se | CLAY | | | | | | | | |
| | INE SAND | | , , | | | | | | |
| 12 80 5 | SHALE | | | | | <u>+</u> _ | | | |
| | · | | | | | | · · · · · · · · · · · · · · · · · · · | ······ | |
| | | ······· | | Not | es: | | | P. V. Witholdson at space of a student state. | |
| | | | | | | | | | |
| 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) .06/20/2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 884 | | | | | | | | | |
| under the business name of WENINGER DRILLING, LLC | | | | | | | | | |
| 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 | | | | | | | | | |