		ECORD		NWC-5 Division of Water					
Original Record Correction Change in Well Use  LOCATION OF WATER WELL: Fraction						ources App. N		Well ID	
	Neos		LL:	Fraction NE4NE 4NE 14	SW1/4	ction Numbe	T 27 S	ber Range Number R 18 MX E □ W	
2 WELL OWNER: Last Name: Barth First: Tracy Street or Rural Address where well is located (if unknown, distance and									
business: WFA UI Co.   direction from nearest town or intersection): If at owner's address, check here:									
Address: PO Box 519  Corner of E. Spruce Ave. and N. Santa Fe Ave.									
City: Columbia State: Mo ZIP: 65205 Chanute KS									
3 LOCATI	E WELL	4 DEPTE		PLETED WELL: .				1.2(decimal degrees)	
WITH "		Denth(s) G	roundwater F	FLEIED WELL: . Encountered: 1)	1 A	. 5 Latit	ude: 95 U.S.	decimal degrees)	
	SECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitude:95.45.225 (decimal degrees) Horizontal Datum: □ WGS 84 □ NAD 83 □ NAD 27		
N	WELL'S STATIC WATER LEVEL: ft.						Source for Latitude/Longitude: 1		
	below land surface, measured on (mo-day-yr)						GPS (unit make/model: Garmin etvek.)		
NW	NE		above land surface, measured on (mo-day-yr)			.   ~	(WAAS enabled? X Yes ☐ No)		
		Pump test d	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map		
W X	E	alter	Well water was ft.				Inline Mapper:		
SW	SE	after	after hours pumping gpm				OE0		
		Fetimated V	Estimated Vield: a mm			6 Eleva	6 Elevation:9.58ft. A Ground Level 🗆 TOC		
S		Bore Hole I	Bore Hole Diameter:			Source:   Land Survey GPS   Topographic Map			
1 mile  in. to ft. Uther									
7 WELL WATER TO BE USED AS:									
1. Domestic:	_ 11 /						10. Oil Field Water Supply: lease		
	☐ Household 6. ☐ Dewatering: how many wells?								
, —	□ Lawn & Garden       7. □ Aquifer Recharge: well ID         □ Livestock       8. ★ Monitoring: well ID						12. Geothermal: how many bores?		
2. Irrigation							a) Closed Loop  Horizontal  Vertical		
3.  Feedlot							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? ☐ Yes No									
8 TYPE OF CASING USED: Steel N 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									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Nearest sour	ee of nossibl	e contaminati	on:	п., гюн	11. 10	II., FIOIII	It. 10	IL	
☐ 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									
Direction from well? Distance from well? 50 ft.									
10 FROM	TO TO		ITHOLOG		FROM	TO	LITHO LOG (cont.) o	r PLUGGING INTERVALS	
0	15	Siltyclay		IC LOG	TROW	10	LITTIO. LOG (cont.) o	FLOODING INTERVALS	
15		Claret si	It w cand	. Vellan					
			1 31 2000						
					1	l			
	Notes:								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) 54 and this record is true to the best of my knowledge and belief.									
under my jurisdiction and was completed on (mo-day-year) 5-4-11e and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No 11e This Water Well Record was completed on (mo-day-year) 11e under the business name of 12e1ow 15count 12e Signature Signature Signature									
under the bu	siness name	of (17616)	いしょくりんかん	a	<b>NC</b> S1	gnature	1941X		
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									