		RECORD Form		Division of Water						
			ge in Well Use	Resources App. No.				Well ID	NT 1	
1 LOCATION OF WATER WELL: County: SEDGWICK			Fraction NW1/4 NE1/4 SW1/2	Section Number 19 19			Township Numb		nge Number	
		Last Name: OXLER	First: MARK		T 27 S R 2 E W  or Rural Address where well is located (if unknown, distance and					
Business: direction from nearest town or intersection): If at owner's address, check here:										
Address:	31 E NOF	RFOLD DR		an conon n	0111 1100	siest town of it	torscotton). If at owne	i s addices,	oncer here.	
Address:	FACTRO	DOLLOU G. VC	777 0 <b>7</b> 000							
City:	EASTBO	ROUGH State: KS	ZIP: 67206							
3 LOCAT WITH "		4 DEPTH OF COM	IPLETED WELL:	100 ft. 5 Latitude: 37.68943(decimal deg				(decimal degrees)		
1	N BOX:	Depth(s) Groundwater				Longitu	ıde:97.259	<del>)</del> 09	(decimal degrees)	
1	1	2) ft.	3) ft., or 4)	Dry Wel	1	Horizon	tal Datum: 🗏 WGS 8	4 🗆 NAD	83 🗆 NAD 27	
X		WELL'S STATIC WA	TER LEVEL:	9 ft. \ 8-15-	.24	Source f	or Latitude/Longitude	; DUONE		
1 1	NE	above land surface	below land surface, measured on (mo-day-yr)8-15-2  above land surface, measured on (mo-day-yr)			GPS	(unit make/model:	-PHOINE	)	
NW	NE	Pump test data: Well water was ft.				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
w	E	after hours pumping gpm				Online Mapper:				
SW	SE	Well water was ft.								
3W	SE	after hour	after hours pumping gpm			6 Elevation:ft. Ground Level TOC				
<del> </del>	S S	Estimated Yield:	Estimated Yield:gpm Bore Hole Diameter:12in. to100 ft. an			Source: Land Survey GPS Topographic Map				
1 r	~	in. to ft.				Other				
7 WELL WATER TO BE USED AS:										
1. Domestic			ter Supply: well ID			10 🗆 Oil I	Sield Water Supply: 1	ease		
	☐ Household 6. ☐ Dewatering: how many					11. Test Ho	Dil Field Water Supply:   lease     t Hole:   well ID			
■ Lawn & Garden 7.  Aquifer R			echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock 8. ☐ Monitoring:			g: well ID					l: how many bores?		
2. Irrigati		al Remediation: well I	,							
3. ☐ Feedlot ☐ Air Sparge								ce Discharge		
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 PVC Other										
Casing diameter 5 in to 100 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in Weight 2.35 lbs/ft. Wall thickness or gauge No. SDR26										
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 100 ft., From ft. to ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other  Grout Intervals: From										
Nearest source of possible contamination:										
☐ Septic		☐ Lateral Line	es 🔲 Pit Privy		☐ Li	vestock Pens	☐ Insecti	cide Storage	;	
☐ Sewer	Lines	☐ Cess Pool	☐ Sewage La	igoon	☐ Fu	iel Storage	☐ Aband	oned Water		
■ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well										
☐ Other (Specify)  Direction from well? SOUTH  Distance from well? 30+  ft.										
10 FROM	TO T	LITHOLO		FRON			π ITHO. LOG (cont.) ο		CINTEDVALC	
0		TOP SOIL	GIC LOU	TRON	1	10   L	LITTO, LOG (COIII.) 0	LILUGGIN	O INTERVALS	
3		CLAY		<del></del>	_					
10		BROWN SHALE		<del> </del>	-					
28		GRAY SHALE			-					
92		LIMESTONE		<u> </u>					<b>8.</b>	
				+			A.L.			
				Notes:						
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) 8-15-24										
Kansas Wa	ter Well Co	ntractor's License No. 4	D PHMD SERVICE	ater Well	Recor	rd was comp	leted on (mo-day-y	ear) 8-1.6-	44	
Mail	usmess nam  l white conv al	ong with a fee of \$5.00 for each	ch constructed well to: Ka	nsas Departr	olgn	Health and Fr	vironment Bureau of W	later GW/TS	Section	
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										