WATER			orm WWC-			Division of Water Resources App. No.   Well ID				
✓ Original Record ☐ Correction ☐ Change in Well  1 LOCATION OF WATER WELL: Use Fraction					Resources App. No. Section Number			Township Number Range Number		
		lier well:				Million Indinoci	T 28 S R 3 DE DW			
2 WELL OWNER: Last Name: GIBSON First Sheila 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 15000 C W Duninia Conta Del										
Address						13495 S.W. Prairie Creek Rd.				
City: 1	Rose Hil	L State	Kansas ZIP 6	7133	Rose Hill, Kansas 67133					
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 85										
	Doubles Commission Empountment 1)									
	2) 4 2)					Longi	itude:97.,11730.	DA CINTAT	(decimal degrees)	
N	ſ						ontal Datum: WGS		783 □ NAD 21	
		WELL'S STATIC WATER LEVEL: 25					Source for Latitude/Longitude:  Source for Latitude/Longitude: Phone		`	
NW	NE		above land surface, measured on (mo-day-yr)					? ☐ Yes ☐ No)		
1 1/1/1/1		Pump test data: Well water was ft.					and Survey  Topog			
w <del>                                   </del>	×E	after hours pumping gpm					Online Mapper:			
	1  -	Well water was ft.								
SW	SE	after	after hours pumping gpm				C □ C □ C □ C □ C □ C □ C □ C □ C □ C □			
		Estimated Yield:gpm					6 Elevation:			
S		Bore Hole Diameter: 12 in. to 85 ft.				Source	Source: ☐ Land Survey ■ GPS ☐ Topographic Map			
1 n			i	n. to	ft.	☐ Other				
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID						10. Oil Field Water Supply: lease				
· —	☐ Household 6. ☐ Dewatering: how many wells?									
i ==	Lawn & Garden 7. Aquifer Recharge: well ID				• • • • • • • • • • • • • • • • • • • •		☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock  8. ☐ Monitoring: well ID							12. Geothermal: how many bores?			
2. ☐ Irrigation   9. Environmental Remediation: well   3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor						a) Ci	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. Industrial Recovery Injection					Extraction		13. Other (specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted:										
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other										
Casing diameter . 5										
Casing height above land surface12										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
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 49 ft. to 85 ft., From ft. ft. ft. ft. ft. ft.										
GRAVEL PACK INTERVALS: From 24 ft. to 85 ft., From ft. to ft. to ft. to ft.										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other										
Grout Intervals: From4										
Nearest sou	rce of possib	le contamination:	,			,				
☐ Septic		☐ Later	al Lines	☐ Pit Privy		Livestock Pe	ens 🔲 Insec	ticide Stora	ge	
☐ Sewer 1		☐ Cess	Pool	☐ Sewage I		Fuel Storage	: 🔲 Aban	doned Wate	r Well	
■ Watertight Sewer Lines										
☐ Other (Specify)  Direction from well? West										
						7	ft.			
10 FROM	TO		IOLOGIC LO	G	FROM	ТО	LITHO. LOG (cont.)	or PLUGGI	NG INTERVALS	
		topsoil								
		clay								
		orown shale				<u> </u>			<u> </u>	
		gray shale							<del> </del>	
80	85	Limestone				1				
					Notes:					
								<u></u>		
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 11/19/2021 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 236 This Water Well Record was completed on (mo-day-year) 11/22/2021 under the business name of										
under my jurisdiction and was completed on (mo-day-year) 41/19/2021. and this record is true to the best of my knowledge and belief.										
Kansas water well Contractor's License No ARR This Water Well Record was completed on (mo-day-year) ####################################										
Moil 1	usiness nan	r with a fee of CE on t	or each constant aith`àiréil ≒ilid	FULLY DEL	ISSE Denortment	ignature	nvironment Rureau of W	ater GWTC	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  Wisit us at http://www.ldeks.gov/ywsterwell/index.html  KSA 82a-1212  Revised 7/10/2015										
775-14-1	- // 1 dls -1	wit		0110 10 14	TZC A 00- 1	212	, retopito	Dovie	ed 7/10/2015	