			3e			Sta te	
WATER WELL RI		Division of Water					
Original Record		nge in Well Use		urces App. No.	and the second se	Well ID	
1° LOCATION OF County:	gurck	Fraction	Nw/	tion Number	Township Number T 29 S	Range Number R 2 $M \in \Box W$	
2 WELL OWNER: Las Name Mc Eng First: for Street or Rural Address where well is located (if unknown, distance and							
Addinese: 207 Country Walk alrection from nearest town or intersection): If at owner's address, check nere: [2]							
Address: City: Mulvane State: Kr ZIP: 67/10							
WITH "X" IN	4 DEPTH OF COMPLETED WELL: 9.0. ft. Depth(s) Groundwater Encountered: 1)ft. 5 Latitude: 37. 49.7.34215 (decimal Longitude: 97. 2422.58.46 (decimal Longitude: 97. 97.46 (decimal Longitude: 97. 97.47 (decimal Longitude: 97. 97.47 (decimal Longitude: 97.47 (de						
SECTION BOX: N	2) ft. 3) ft., gr. 4) Dry Well Datum: WGS 84						
·····	WELL'S STATIC WATER LEVEL: 53 ft.				Source for Latitude/Longitude:		
	□ below land surface, measured on (mo-day-yr)						
NW NE	Pump test data: Well	water was f	,		Land Survey Topographic Map		
w Z		irs pumping			Online Mapper:		
SW SE	Well water was ft						
	Estimated Yield: Z.a	tgpm			6 Elevation:ft. Ground Level TOC		
S	Bore Hole Diameter:				Source: Land Survey GPS Topographic Map		
1 mile							
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? 11. Test Hole: well ID						
🔀 Lawn & Garden	7. Aquifer Recharge: well ID						
Livestock 2. Irrigation	8. Image: Monitoring: well ID 12. Geothermal: how many bores? 9. Environmental Remediation: well ID a) Closed Loop Image: Horizontal Image: Vertical						
3. Feedlot	Air Sparge Soil Vapor Extraction b) Open Loop Surface Discharge Inj. of Water						
4. 🔲 Industrial							
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							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
□ Steel □ Stainless Steel □ Fiberglass							
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							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
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							
Seware Lines Cess Pool Seware Lagoon Fuel Storage Abandoned water well							
Other (Specify)							
Direction from well? 10 FROM TO		Distance from w DGIC LOG	FROM		$\frac{1}{2}$	LUGGING INTERVALS	
	TOD Sou						
2 33	Clark	×					
33 49	fine so	md - Clay					
49 51	lay	,					
59 90	Mgd- S	ana					
			Notes:	I	· · · · · · · · · · · · · · · · · · ·		
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) in this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License NoQ.1							
under the business name of							
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.							
• •						Revised 9/10/2012	