	WELL			Division of Water Resources App. No. Well ID								
Original Record Correction Change in Well Use  1 LOCATION OF WATER WELL: Fraction											nge Number	
	E 1/											
County, with or had a												
2 WELL OWNER: Last Name: First: 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:											check here:	
	209 N. 8		- 1									
Address:						617 Broadway, Marysville						
City: Marysville State: KS ZIP: 66508												
3 LOCAT		4 DEP	TH OF COM	APLETED WEL	L:	28 f	t. 5 Lati	tude:	39.8413	8	.(decimal degrees)	
	WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)						20ft. Longitude: -96,64952(decimal degrees)					
2) ft. 3) ft., or 4)						☐ Dry Well Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27						
	WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:					
1 1	below land surface, measured on (mo-d											
NW	above land surface, measured on (mo-di											
w							☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
	Well water was											
sw	after hours pumping						gpm 6 Elevation: 1155.72 A. Ground Level TOC					
	Estimated Yield:gpm						o Elev	ation	I and Survey D	CDC [] T	onographic Man	
	S Bore Hole Diameter: in. t							Source: Land Survey GPS Topographic Map				
7 WELL WATER TO BE USED AS:   1. Domestic:   5.   Public Water Supply: well ID												
	Deviate Supply: well 15  ☐ Household  ☐ Dewatering: how many wells?											
									Uncased (			
☐ Livest	☐ Lawn & Garden ☐ Livestock  7. ☐ Aquifer Recharge: well ID						12. Geot	therm	al: how many bores	7	*******	
	2. Irrigation 9. Environmental Remediation: well ID						a) C	losed	Loop Horizont	al 🔲 Vert	ical	
_	3. Feedlot Air Sparge Soil Vapor						b) Open Loop Surface Discharge Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE? Tyes No If yes, date sample was submitted:												
Water well disinfected?  Yes No												
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other												
Casing diameter 2 in to 18 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 7.08 in. Weight by 18 Wall thickness or gauge No. Sch. 40												
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel Fiberglass PVC Other (Specify)												
Statistics Steel   Floorglass   FVC   Other (Specify)												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot												
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete  Grout Intervals: From												
	als: From . rce of possil			ft., From]	fl	L to15.	ft., From		ft. to	n.		
Septic			nation: Lateral Line	s ☐ Pit Priv	m.,		Livestock Po		□ insectio	ide Storage		
Sewer			Cess Pool				Fuel Storage			ned Water		
_	□ 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 fro	om well?			Distance from	n wel	i? <u></u>			ft.			
10 FROM	TO		LITHOLOG	GIC LOG		FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
0	0.5	Gravel										
0.5	2		Clay, Brown, silty									
2	9		lay, Dk Gray Brown, silty									
9	20		lay, Dark Brown, sl. silty									
20	25		and, vf-c, Lt. Gray Brown									
25	28	Sand, vi-c	w/f gravel,	Lt. Brown								
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo day year) 7/5/2018 and this record is true to the best of my knowledge and belief.												
under my jurisdiction and was completed on (mo-day-year) .7/5/20.18 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo-day-year) .8/1/20.18												
i under the h	usiness nan	ne of Geo	Consinc.			Si	onafure					
Mail	1 white copy a	long with a fee	of \$5.00 for eac	h constructed well to:	Kansa	as Department	of Health and	Envi	ronment, Bureau ôf Wa	iter, GWTS	Section,	
				66612-1367. Mail one	e to W	ater Well Own	ner and retain o	one fo	r your records. Teleph	one 785-296	-5524.	
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												



Marysville, City of 209 N. 8th Street Marysville, KS 66508

**GPS Coordinates:** 

MW8: 39.84138, -96.64952

RECEIVED OCT 3 0 2018



Marysville, City of 209 N. 8<sup>th</sup> Street Marysville, KS 66508

Site Address: 617 Broadway, Marysville KDHE Project Code: U4 058 00732

**GPS Coordinates**:

MW9: 39.84149, -96.64984

MAR 0 8 2019 BUREAU OF WATER

(MW8 was previously installed)