	WELL R		Form '			ivision of Wate	i i	]			
Original Record Correction Change in Well Use					Resources App. No.			Well ID			
1 LOCATION OF WATER WELL: Fraction County: SUMNER NE 1/4 SW 1/4 SW 1/4					NE 1/4	ection Number 8	8 T 30 S R 1 <b>E</b> W				
						treet or Rural Address where well is located (if unknown, distance and					
Business: Address: 1357 N. WESTVIEW						direction from nearest town or intersection): If at owner's address, check here:					
Address:	1357 N. V	VES I VIEVV									
City:	PECK		State: KS ZIP: 67123								
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					50 ft. 5 Latitude: 37.45819(decimal degrees)						
1	WITH "X" IN Donth(s) Groundwater Engagetered: 1)										
	2) ft. 3) ft., or 4)						y Well Horizontal Datum: WGS 84 NAD 83 NAD 27				
-	WELL'S STATIC WATER LEVEL:14					ft. Source for Latitude/Longitude:					
	1	below l	and surface	, measured on (mo-day-	·yr). 4-10-20.	<sup>2.4</sup>					
NW	NE			, measured on (mo-day- vater was f		····· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			40)		
w	≠   E			s pumping		☐ Online Mapper:					
'	SE		Well water was ft.								
sw	SE	after	hours	s pumping	gpm	6 Elevat	tion· f	+ □ Ground	d Level TTOC		
	S S	Estimated Y	'1eld: Diameter:	gpm 12 in to 50	ft and	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map					
1	nile	Bore Hole Diameter:			ft. and	ft. Other					
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
_	■ Household 6. ☐ Dewatering: how many wells?										
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
	☐ Livestock 8. ☐ Monitoring: well ID										
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex					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 ■ PVC ☐ Other											
Casing diameter 5 in to 50 ft., Diameter in to 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											
Casing height above land surface											
☐ 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 .30 ft. to .50 ft., From ft. to ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 24 ft. to 50 ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest sou	rce of possib	le contaminati	ion:								
☐ Septic			Lateral Line			Livestock Pe		icide Storage			
Sewer			Cess Pool Seepage Pit	☐ Sewage La ☐ Feedyard	goon [	<ul><li>☐ Fuel Storage</li><li>☐ Fertilizer Sto</li></ul>	∐ Abano	loned Water			
■ Watertight Sewer Lines											
	om well? NC	RTH	<u></u>	Distance from w	ell? .100'+.						
10 FROM	TO	1	LITHOLO		FROM		LITHO. LOG (cont.)		IG INTERVALS		
0		TOP SOIL									
3		CLAY									
14		FINE SAND	MID								
36	50	MEDIUM SA	מואט			-			*		
								, S			
					Notes:	Notar					
						Notes:					
		, and a second transfer of							<u> </u>		
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) 4-10-2024 and this record is true to the best of my knowledge and belief.  This Water Wall Pacced was completed on (mo-day year) 4-12-2024											
Kansas Water Well Contractor's License No. 236. This Water Well Record was completed on (mo-day-year) 4-12-2024. under the business name of HARP WELL AND PUMP SERVICE INC. Signature TODD S. HARP.											
Mail	1 white copy al-	ong with a fee of	\$5.00 for ea	ch constructed well to: Ka	nsas Departme	ent of Health and	Environment, Bureau of V	Vater, GWTS	Section,		
1000	SW Jackson S	t., Suite 420, To	peka, Kansas	66612-1367. Mail one to	Water Well O	wner and retain o		hone 785-296	5-5524.		
Visit us at htt	p://www.kdhek	s.gov/waterwell/	index.html		KSA 82a-	1212		Revise	d 7/10/2015		