WATER WELL RE		WWC-5		ion of Water		MW5D	
Original Record (e in Well Use		rces App. No.	(C) 1: N/ 1	Well ID	
1 LOCATION OF WAY County: COWLEY	TER WELL:	Fraction SE 1/4 SE 1/4 SE 1/4		on Number 12	Township Numb	er Range Number R 3 E W	
2 WELL OWNER: Last Name: First: Business: CASEY'S GENERAL STORE #3435 Address: 3413 N. SUMMIT Address: 3413 N. SUMMIT							
City: ARKANSAS	SCITY State: KS	ZIP: 67005		1			
3 LOCATE WELL WITH "X" IN SECTION BOX: N	Depth(s) Groundwater 2) ft. WELL'S STATIC WA below land surface	APLETED WELL: Encountered: 1)3. 3)	1 ft.] Dry Well 42 ft. _{yr)} 9/6/18	Longitude: 97.04087 (decimal degrees) Yell Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: GPS (unit make/model:)			
W SW SE	Pump test data: Well water was ft. after hours pumping gpm Well water was ft. after hours pumping gpm Estimated Yield: gpm			Land Survey Topographic Map Online Mapper: 6 Elevation: 1174.22			
S 1 mile	Bore Hole Diameter:	gpm in. to in. to		Source:	Land Survey	GPS Topographic Map	
7 WELL WATER TO BE USED AS:							
1. Domestic: Household Lawn & Garden Livestock Irrigation Feedlot Industrial	5. ☐ Public Water Supply: well ID			10. ☐ Oil Field Water Supply: lease			
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							
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 20 ft. to 40 ft., From ft. to ft. GRAVEL PACK INTERVALS: From 18. ft. to 40 ft., From ft. to ft., From ft. to ft.							
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other Concrete Surface Completion 0 -1 Grout Intervals: From							
Nearest source of possible contamination: Septic Tank							
10 FROM TO	LITHOLO		FROM			or PLUGGING INTERVALS	
0 18 SI	LTY CLAY						
	MESTONE						
	LTY CLAY	_					
30 40 Cr	ALCAREOUS SHAL	.t					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	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) 7/17/18							
Mail 1 white copy along with a fee of \$5.00 for each constructed wells to: Kansas Department of Health and Environment, Buteaut 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							

