| WATER V | | – – | | | | | ision of Wa | | | W-II ID | | | |
|--|--|--------------|----------------------------|------------------------|-----------|-----------------------------------|--|------------------------|----------------------------------|--|-------------------|--|--|
| Original Record Correction LOCATION OF WATER WE | | | ELL: Fraction | | | Resources App. No. Section Number | | | Township Number Range Number | | | | |
| County: Doniphan SE 1/2 SE 1/2 New 1/3 | | | | | | 5 W/ 33 3T S R 20 ME □ W | | | | | | | |
| 2 WELL OWNER: Last Name 6:/ More First Sfeve Street or Rural Address where well is located (if unknown, distance and Business USDA 12146 S direction from peacest town or intersection). If at owner's address check here: | | | | | | | | | | | | | |
| Business USDA Address Stop 0013 Roam 4714-5 Address Stop 0013 Roam 4714-5 Address 1400 Independence Avenue 5W | | | | | | | | | | | | | |
| City: Woshington State: DC ZIP: 20250-0519 160 Th Kel + 1500 North | | | | | | | | | | | | | |
| 3 LOCATE WELL 26 7UU 7/79 | | | | | | | | | | | | | |
| WITH "X" | 'IN | | | | | | 5 Latid | tude: | 37. 177 373 | / →************************************ | (decimal degrees) | | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | Longitude: 3. / 86 82 76 (decimal degrees) Horizontal Datum: WGS 84 D NAD 83 D NAD 27 | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | | | | Latitude/Longitude: | | 763 LI NAD 27 | | |
| | below land surface, measured on (mo-day-y | | | | | | | GPS (unit make/model:) | | | | | |
| NW | above land surface, measured on (mo- | | | | | | | | WAAS enabled? | | | | |
| w | E after hours pumping | | | | | | | | Survey 🔲 Topogra e Mapper: | | | | |
| . ⅓ w | Well water was fl | | | | | | | | | | | | |
| | The state of the s | | | | _ | - | I & Flavetions A Committee of | | | | d Level D TOC | | |
| 5 | S Bo | | | Bore Hole Diameter:gpm | | | | | Land Survey 🔲 🤇 | | | | |
| mik in. to ft. | | | | | | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | | |
| | Household 6. □ Dewatering: how many wells? | | | | | | 10. 🗀 0 | nı rıc Hole | : well ID | asc | | | |
| ☐ Lawn & Garden 7. ☐ Aquifer Recharge | | | | charge: well ID | well ID | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| | ☐ Livestock 8. ☑ Monitoring: well ID 🎎 W. 📆 | | | | | | | | al: how many bores | | | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | 2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E | | | | | | a) Closed Loop | | | | | | |
| 4. Industrial | | | Recovery | | | | 13. 🗆 0 |)ther (| (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 JOINTS: Glued Clamped Welded Na Threaded | | | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | | |
| ☐ 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 | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | | | | |
| ☐ Septic Tan | | | .ateral Lines Cess Pool | | y I na | | Livestock P | | ☐ Insectic | | | | |
| | ☐ 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 from well? | | | | | | | | | | | | | |
| Direction from | TO | | ITHOLOG | Distance from | n wel | | то | | | DILLOCO | IC INTERVALE | | |
| | | BLACK SI | | ic roo | | FROM | 10 | 111 | HO. LOG (cont.) or | revoul | MINIEKVALS | | |
| | | TILL | | | | | | | | | | | |
| | | 5AnQ | | | | | | | | | | | |
| 71' 7 | 75' - | T; LL | | | | | | | | | | | |
| | | | | | | - | | \vdash | | | | | |
| | | | | | | Notes: | | L | ·· | | | | |
| | | | | | | | | | | | | | |
| 11 CONTRACTORIS OR LANDOWNIERIS CERTIFICATION OF THE STATE OF THE STAT | | | | | | | | | | | | | |
| under my iuris | 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) | | | | | | | | | | | | |
| Kansas Water | Well Contr | actor's Lice | nse No | This | Wate | er Well Red | ord was co | mple | ted on (mo-day-ye | ar) ././. | 75-16 | | |
| under the busin | ness name (| of | toe Turill | constructed well to | ¥ar- | Si | gnature . K | ¥8 | COMPANY D | And Ottomo | Castina | | |
| Mail I 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 | | | | | | | | | | | | | |
| | | | | | | SA 828-12 | | | | | d 7/10/2015 | | |