WATER WELL R		Form WV			vision of Wat	1			
Original Record					ources App.		Well ID		
1 LOCATION OF W	ATER WEI	LL:   Fr	action		ction Numb	er Township Numb	er Range Number R & ME D W		
2 WELL OWNER: Last Name: FIN CHAM First MATTHEW 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:									
Address: 200 200 STALL SWEST OF NINIFRED RS									
Address:									
3 LOCATE WELL				4:-:4/					
WITH "X" IN	4 DEPTH	I OF COMPL	ETED WELL:	<i>l.29</i> f	. 5 Latit	ude:	(decimal degrees)		
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				The state of the s				
N									
below land surface, measured on (mo-day-yr).					Source for Lantuace Longitude:  GPS (unit make/model:)				
above land surface, measured on (mo-day-yr					(WAAS enabled? Yes No)				
Pump test data: Well water was					☐ Land Survey ☐ Topographic Map				
W	E after hours pumping gpm Well water was ft.					Online Mapper:			
SW SE	SE - after hours pumping gpm								
	Estimated Yield:						ft. Ground Level TOC		
S	Bore Hole I	Diameter: 🕰 🖺	<b>X</b> . in. to		Source		GPS Topographic Map		
1 mile  in. to									
7 WELL WATER TO BE USED AS: 1. Domestic: 5.  Public Water Supply: well ID									
Household	3. L 6. F	] Public water :	Suppiy: Weii ID	***************************************					
Household 6. ☐ Dewatering: how many wells?  1 Lawn & Garden 7. ☐ Aquifer Recharge: well ID									
☐ Livestock 8. ☐ Monitoring: well ID									
2. Irrigation			emediation: well ID			losed Loop   Horizon			
3. Feedlot		Air Sparge	☐ Soil Vapor E	xtraction			scharge 🗌 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?									
Casing diameter									
Casing height above land surface									
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									
Grout Intervals: From									
Nearest source of possible contamination:   Septic Tank									
Sewer Lines	_	Cess Pool	Sewage Lag	_	Fuel Storage		oned Water Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Other (Specify)									
Direction from well? NONE PRESENT Distance from well? ft.  10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS									
10 FROM TO /3	BROWN		LUG	FROM 78	то <b>79</b>				
13 26		CLAY		79	87	REA SHAL			
26 44		GRAY SH	ME		124	GRAY SHA			
		TUNE &		87	121	WIENT STIM			
59 67	GRAY	SHALE	7						
			NE 4 54AL	E					
TO 72 GRAY SMALE Note									
72 77 DARK RED SHALE									
77 98 CAVERN									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year). 127. 2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 2018. This Water Well Record was completed on (mo-day-year). 2018.									
under my jurisdiction and was completed on (mo-day-year). RIZ.I.I. Key 3. and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year). 7/15/12/12									
under the business name of Record Was completed on (no day year with the Signature									
under the business name	OI ICAL	17	L.B.H T\	W. LAL SI	gnature	7. N. S.	<b>/</b>		
Mail I white copy alor	ng with a fee of	\$5.00 for each cor	nstructed well to: Kans	as Department	gnature of Health and	Environment, Bureau of W	ater, GWTS Section,		
Mail I white copy alor	ng with a fee of , Suite 420, Top	\$5.00 for each conceka, Kansas 6661	nstructed well to: Kans 2-1367. Mail one to V	as Department	gnature of Health and ner and retain o	7. N. S.	ater, GWTS Section,		