WATER WELL REC		Form W			vision of Water				
Original Record Con		☐ Change in			ources App. No		Well ID		
1 LOCATION OF WATE	ER WEL	1	raction		ction Number	Township Numb			
County; WASHINGTO			NE' SE' SW /		22	T 4 S	R 3 ■E□W		
							(if unknown, distance and		
Business: USD 223 BARNES, HANOVER, LINN Address:  direction from nearest town or intersection): If at owner's address, check here:									
Address: 212 N TRIPP STREET 300 PARKVIEW STREET, LINN, KS 66953									
City: BARNES			ZIP: 66933						
3 LOCATE WELL						39_41_02 (	)ON		
""   Do	Doubles Grandwater Francisco de 15					ft. 5 Latitude: 39-41-02.00N (decimal degrees) Longitude: 97-05-00.20W (decimal degrees)			
DECTROIT DOX	SECTION BOX: 2)					Horizontal Datum;  WGS 84 NAD 83 NAD 27			
WELL'S STATIC WATER LEVEL: 23.5					Source for I stitude/I angitude				
	below land surface, measured on (mo-day-yr					S (unit make/model:	SPS MINI		
	above land surface, measured on (mo-day-yr)					(WAAS enabled?	Yes No)		
Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map				
W B	Well water was					Online Mapper:			
SW SE	SW SE after hours pumping gpm					· · · · · · · · · · · · · · · · · · ·			
F <sub>S</sub>	Estimated Yield:50gpm				6 Elevati	on:ft.	☐ Ground Level ☐ TOC		
S Bo	S Bore Hole Diameter:1Q in. to14				Source: Land Survey GPS Topographic Map				
in. to ft. □ Other									
7 WELL WATER TO BE USED AS:									
1. Domestic:	5. 📋	Public Water	Supply: well ID				ease		
					11. Test Hole: well ID  ☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock									
2.   Irrigation					a) Clos	12. Gcothermal: how many bores?			
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E						b) Open Loop Surface Discharge Inj. of Water			
4. 🔲 Industrial		Recovery	☐ Injection		13. 🗖 Oih	er (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 USE	D: Ste	el PVC [	Other	CASI	NG JOINTS:	■ Glued □ Clamped	☐ Welded ☐ Threaded		
Casing diameter									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)									
SCREEN OR PERFORATION OPENINGS ARE:									
Continuous Slot  Mill Slot  Gauze Wrapped  Troch Cut  Drilled Holes  Other (Specify)									
□ Louvered Shutter □ Key Punched □ Wire Wrapped ■ Saw Cut □ None (Open Hole)									
□ Louvered Shutter □ Key Punched □ Wire Wrapped ■ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From .28									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Nest coment Coment grout Rentonite Cother									
Grout Intervals: From 0 ft. to ft. to ft. to ft.									
Nearest source of possible contamination:  Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sower Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ Waterlight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify) Direction from well? .EAST Distance from well? .20.									
Direction from well? . AS.I	*******		Distance from wo	117 .20		N.			
10 FROM TO	<u> </u>	THOLOGIC	LOG	FROM	TO L	ITHO. LOG (cont.) or	PLUGGING INTERVALS		
0 2 TOPS			· • • · · · · · · · · · · · · · · · · ·	ļ					
	CLAY	(T 4 & 1)		<u> </u>		·····	-		
	DSTONE								
	NGE CLA			<b> </b>					
		(YELLOW)							
53									
71 74 GRAY SHALE									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
I finder my filligated from and was completed on (mo-day-year) (173/2023 and this regard is true to the best of my linearledge and belief. I									
Kansas Water Well Contractor's License No. 518 This Water Well Record was completed on (mo-day-year) 729/2023									
Kansas Water Well Contractor's License No. 518.  This Water Well Record was completed on (mo-day-year) 729/2023.  under the business name of BLUE VALLEY DRILLING. INC.  Signature									
Mail 1 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.									
1000 SW Jackson St., Suite	: 420, Topck	a, Kansas 6661				for your records. Telepho			
Visit us at http://www.kdheks.gov/wa	aterwell/ind	ex.html		KSA 82a-12	12		Revised 7/10/2015		