WATER WELL RI		Form WW		Div	rision of Water			
Original Record	Correction			Rese	ources App. No.		Well ID	
1 LOCATION OF W	TER WEI		ction		tion Number	Township Numb		
County: Po 97		WE	WEYNEY.	1/4	23	T 8 (s)	R 9 IN E□W	
2 WELL OWNER: Last Name: Wharry First Johny Street or Rural Address where well is located (if unknown, distance and								
Business: Address: 14660 Pauling Run Rd. Address: 14660 Pauling Run Rd. Address: From Wis Theoling Go 31 Mill North								
Address: City: Westmorkend State: 165 ZIP: 66549 on 99 Nay To Pauling Run RA Things & M.								
		• •		71	100 10	PAULING KU	NKATHINGO 5M	
3 LOCATE WELL WITH "X" IN	4 DEPTH	OF COMPLE	TED WELL: .	/00' ft	. 5 Latitude	N 39 20.85	(decimal degrees)	
SECTION BOX:	Depth(s) Gr	oundwater Encou	intered: 1) よる	ft.	Longitu	deW 09602	2.3.7.7. (decimal degrees)	
N	Horizontal Datum: WGS 84 NAD 83 NAD							
WELL'S STATIC WATER LEVEL: 20 Source for Latitude/Longitude WAD 33 NAD 25 Source for Latitude/Longitude GPS (unit make/model: CAPMIN E TON 20								
NWNE	above 1	and surface, meas	sured on (mo-day-y	r)	GPS (unit make/model: (AVA AS combled?) [] Ves [] New [] New []			
	Pump test d	ata: Well water v	vas ft.		······· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
W E	after hours pumpinggpi			pm	Online Mapper:			
SW SE		Well water v	vas ft.	•				
	aner	ield: 7.	ping g	pm	6 Elevatio	n 11901 f	☐ Ground Level ☐ TOC	
S	Bore Hole I	Diameter: 9	in. to	ft and	Source: [Land Survey	GPS Topographic Map	
mile	•	*******	in. to	.ft.		Other		
7 WELL WATER TO BE USED AS:								
1. Domestic:	5.	Public Water Su	pply: well ID		10. 🔲 Oil F	ield Water Supply: le	ase	
Household	6. [Dewatering: ho	w many wells?		Test Hol	le: well ID		
☐ Lawn & Garden ☐ Livestock	/. L	Aquiter Recharg	ge: well ID		☐ Case	d □ Uncased □ (Geotechnical	
2. Irrigation	0. L. 9 Fı	ı Monnornig: We	Il ID nediation: well ID	•••••••	12. Geother	mal: how many bores	?	
3. Feedlot	, <u>, , , , , , , , , , , , , , , , , , </u>	Air Sparge	Soil Vapor E		a) Ciose b) Onen	d Loop Horizont	al ∐ Vertical scharge ∐ Inj. of Water	
4. Industrial		Recovery	☐ Injection	ta aoutori	13. ☐ Other	(specify):	scharge in inj. of water	
4. Industrial Recovery Injection 13. Other (specify):								
Water well diginfooted? W.V. C.N.								
8 TYPE OF CASING USED: Steel PPVC Other CASING IOINTS: To Glued O Clamped O Welded O Threaded								
8 TYPE OF CASING USED: Steel TPVC Other								
Casing neight above failu surface								
TITE OF SCREEN OR PERFORATION MATERIAL:								
Other (opecity)								
☐ 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								
UKAVEL PACK INTERVALS: From 2.5 ft. to 2.20 ft. From ft. to ft. From ft. to ft. From ft. ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to 25 ft., From ft. to ft., From ft. to ft., From ft. to ft.								
Grout Intervals: From								
Sentin Tonk								
☐ Sewer Lines		Cess Pool	Sewage Lag		Fuel Storage		ide Storage ned Water Well	
☐ Watertight Sewer Line		Seepage Pit	☐ Feedyard		Fertilizer Storag	e ∐ Oil Wel		
Other (Specify)								
			Distance from wel			ft.		
10 FROM TO		TTHOLOGIC L	.OG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS	
1 250		iL						
25 34	RIOWN		41156					
34 48	CACH C		VATE)					
34 48	LinisTo	ily Sha	<u>u</u>		<u> </u>			
52 77 /	COCU POL	Ly Sholo	· · · · · · · · · · · · · · · · · · ·					
67 111	inesse			Notes:	<u> </u>			
67 74 Linkestone Notes:								
189 Lan Limistana								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well was I Constructed								
under my jurisdiction and was completed on (mo-day-year) 6/24/2020. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No								
under the business name of Additional Contractor's License No								
i dildei die business name	OI . REALER	1.10 4 14		X/Z	/ / _ :			
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.								
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 1/20/2015								