WATER WELL RECO			on of Water	Well ID WMW16	
X Original Record	Correction Change in Well Ust		ces App. No.		
1 LOCATION OF WAT	Fraction NE 1/4 SE 1/4	SE ¼ SE ¼	Section Numbe 32	T 9 S R 19 X E W	
2 WELL OWNER: Last Name: Edmonds First: Street or Rural Address where well is located (if unknown, distance and direction					
Business: Walnut Street Station from nearest town or intersection): If at owner's address, check here:					
Address: 816 Cherokee St. ~190' NW of 603 Walnut St., Oskaloosa KS					
Address: City Oskaloosa State: KS ZIP: 66066					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 15.5 ft 5 Latitude: 39.21701 (decimal degrees)					
WITH "X" IN Depth(s) Groundwater Encountered: 1) ft Longitude 95.31094 (decimal degrees)					
SECTION BOX: 2) ft 3) ft, or 4) Dry Well Horizontal Datum; X WGS 84 NAD 83 NAD					
N WELL'S STATIC WATER LEVEL: 6.3 ft. Source for Latitude/Longitude:    X   below land surface measured on (mo-day-vr)   1/22/16   GPS (unit make/model: )					
	below land surface, measured on (mo-day-yr) 11/22/16 GPS (unit make/model:) above land surface, measured on (mo-day-yr) (WAAS enabled? Yes No)				
NW NE	Pump test data: Well water was			urvey Topographic Map	
	after hours pumping		Online	Mapper	
W	Water well was	ft			
Sw SE	after hours pumping	gpm 6	Elevation	1083.01 ft Ground Level X TOC	
	Estimated Yield: gpm			Land Survey GPS Topographic Map	
	Bore Hole Diameter: 7.25 in to	ft, and		Other	
S in to ft					
7 WELL WATER TO BE USED AS:					
1 Domestic:	5 Public Water Supply: well ID			Vater Supply: lease	
Household	6 Dewatering: how many wells?	11	Test Hole: well		
Lawn & Garden	7 Aquifer Recharge: well ID	ا	Cased	Uncased Geotechnical	
Livestock	8 X Monitoring: well ID WMW16		Geothermal: Horal Closed Loo		
2 Irrigation	9 Environmental Remediation: well ID Air Sparge Soil Vapor Extrac		b) Open Loop	' <b> = </b>	
3 Feedlot 4 Industrial	Recovery Injection	1101	Other (spec		
Thurst and the second s					
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted:					
Water well disinfected? Yes X No  8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded					
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded Casing diameter 2 in to 5.5 ft, Diameter in to ft, Diameter in to ft,					
Casing height above land surface -0.39 in. Weight lbs./ft. Well thickness or gauge No					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
Steel Stainless Steel Fiberglass X PVC Other (Specify)					
Brass Galvanized Steel Concrete tile None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
			l Holes	Other (Specify)	
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)  SCREEN-PERFORATED INTERVALS: From 5.5 ft. to 15.5 ft, From ft. to ft., From ft. to ft.,					
SCREEN-PERFORATED INTI	ERVALS: From 5.5 ft. to 15.5 ft.	From ft	to	ft. From ft. to ft,	
GIGATED TACK BY I DECEMBER 1					
9 GROUT MATERIAL: Neat cement Cement grout X Bentonite X Other Concrete: 0-0.5'					
Grout intervals: From 0.5 ft. to 3.5 ft, From ft. to ft, From ft. to ft, Nearest source of possible contamination:					
Septic Tank	Lateral Lines Pit Privy	Livesto	ock Pens	Insecticide Storage	
Sewer Lines	Cess Pool Sewage Lagoo	=		Abandoned Water Well	
Watertight Sewer Lines	Seepage Pit Feedyard	_	zer Storage	Oil Well / Gas Well	
Other (Specity)					
Direction from well? SE	Distance from	well? ~280		fi	
10 FROM TO	LITHOLOGIC LOG	FROM	TO	LITHO, LOG (cont.) or PLUGGING INTERVALS	
0 4.5 Silty	clay				
4.5 6 Silt 6 Silt Silt	clay				
	ithered shale				
		Notes L'DIII	ID: Walnut S	Street Station; U4-044-14690	
			JADI ITAIIIULD	Meet Station, CT-077-170/0	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, reconstructed, plugged under my					
jurisdiction and was completed on (mo-day-year) 10/17/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's  License No 757 This Water Well Record was completed on (mo-day-year) 11/2/16					
under the business name of Larsen & Associates, Inc. Signature					
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bareau Wase DWTS Section.					
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 78, 296-5524.					
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015					

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