| WATER | | | | | Division of Water | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------|---------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------|-------------|-------------------|--|
| Original | | | | | Resources App. No. | | | Well ID | | |
| 1 LOCATION OF WATER WELL: County: Osborne | | | Fraction | | | | Township Numb | | ge Number | |
| | | ast Name: Brant | First: Doug | | v ¼ 22 T 10 S R 11 □ E ■ W eet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | | | 1.130. 2009 | direction f | tion from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: 904 N 1st, Box 37 Address: | | | | 1/2 € | LE, 165 of Corinth, K | | | | | |
| City: | Lucas | State: KS | ZIP: 67648 | | | | | | | |
| 3 LOCATE | | 4 DEPTH OF COM | IPLETED WELL: | 261 ft. 5 Latitude:(decimal deg | | | | | (decimal degrees) | |
| WITH "X" IN SECTION BOX: Depth(s) Groundwater | | | Encountered: 1)210 ft. | | | Longitude:(decimal degrees) | | | | |
| SECTION | I DUA: | 2) ft. 3 | 2) ft. 3) ft., or 4) □ Dry W | | | l Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | |
| | | WELL'S STATIC WATER LEVEL: | | | | Source for Latitude/Longitude: | | | | |
| | | | below land surface, measured on (mo-day-yr) | | | | | | | |
| ww | ·- NE | Pump test data: Well water was ft. | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| w - - | $ +$ $ _{E}$ | after hours pumping gpm | | | | Online Mapper: | | | | |
| SW SE | | Well water was ft. | | | | | | | | |
| 3W 3L 1 | | after hours pumping gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| S | | Estimated Yield:12gpm Bore Hole Diameter: in. to | | | | Source: Land Survey GPS Topographic Ma | | | | |
| 1 mi | | 1 | in. to | | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | | ter Supply: well ID | | | | ield Water Supply: le | | | |
| | | | | | | | ole: well ID | | | |
| | | | echarge: well ID g: well ID | | | | | | | |
| 2. Irrigatio | | | l Remediation: well I | | | a) Closed Loop | | | | |
| 3. ☐ Feedlot ☐ Air Sparge | | | | | | b) Open Loop Surface Discharge Inj. of Wat | | | | |
| 4. 🗌 Industria | al | ☐ Recovery | ☐ Injection | | | | r (specify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | |
| Water well diginfeated? Ves. \(\square\) No. | | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other | | | | | | | | | | |
| Casing diameter | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ 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 | | | | | | | | | | |
| ORAVEL FACK INTERVALS: From | | | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | |
| ☐ Septic T | | Lateral Lines | | | _ | vestock Pens | | ide Storage | | |
| Sewer Li | | ☐ Cess Pool es ☐ Seepage Pit | ☐ Sewage La ☐ Feedyard | igoon | | iel Storage | | ned Water V | Vell | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) .nonein pasture | | | | | | | | | | |
| Direction from well? | | | | | | | | | | |
| 10 FROM | TO | LITHOLOG | GIC LOG | FROI | М | TO L | THO, LOG (cont.) or | PLUGGING | 3 INTERVALS | |
| 0 | | op soil | | - | | | | | | |
| 3 | | lay | | | | | | | | |
| | | mestone | | | | | | | | |
| | | hale and rock | | | | - | | | ••••• | |
| 223 2 | | hale bottom | | | | | | | | |
| | | naic Dolloni | | Notes | : | | | | | |
| Trous. | | | | | | | | | | |
| | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) .06/03/015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No186 This Water Well Record was completed on (mo-day-year) .06/07/15 | | | | | | | | | | |
| under the business name of Kelly's Water Well Service. Inc. | | | | | | | | | | |
| under the business name of Kelly's Water Well Service. Inc. 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 | | | | | | | | | | |