| WATER WELL P   |  |   |                  | Division of Water                |   |  |   |  |  |
|--|--|---|------------------|----------------------------------|---|--|---|--|--|
| Original Record  | Correction Change in Well Use  ATER WELL: Fraction |   |                  |                                  | Resources App. No. Well ID Section Number Township Number Range Number                  |  |   |  |  |
| County: SALIINE NEWNEWSE WNW 30 T 14 S R 2 DE ST   |  |   |                  |                                  |   |  |   |  |  |
| WELL OWNER: Last Name: NELSOW First: FLOYD Business: Address: #53 WILD CAT CIECUTE  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:   |  |   |                  |                                  |   |  |   |  |  |
| Business: #50 WILD CAT (LECLIC direction from nearest town or intersection): If at owner's address, check here:  |  |   |                  |                                  |   |  |   |  |  |
| Address:   |  |   |                  |                                  |   |  |   |  |  |
| City. Strate State. (10 Zii. Will)   |  |   |                  |                                  |   |  |   |  |  |
| 3 LOCATE WELL<br>WITH "X" IN   | 4 DEPTH OF COMPLETED WELL:                         |   |                  |                                  | ft. 5 Latitude:(decimal degrees)  |  |   |  |  |
| SECTION BOX:   | Depth(s) Grou                                      | ndwater Encounte  | ered: 1)         | ₽ ft.                            | Longitude:(decimal degrees)   |  |   |  |  |
| N  | 2)   | 2) ft. 3) ft., or 4) ☐ Dr<br>WELL'S STATIC WATER LEVEL: |                  |                                  |   | Datum: WGS 84 NAD 83 NAD 27                            |   |  |  |
|  | MELL SSIA  | below land surface, measured on (mo-day-yr)             |                  |                                  |   | Source for Latitude/Longitude:  GPS (unit make/model:) |   |  |  |
| NW NE  | above lan  | d surface, measure                                      | ed on (mg-day-yr | )                                | (WAAS enabled? ☐ Yes ☐ No)  |  |   |  |  |
|  | Pump test data                                     | : Well water was  |                  |                                  | ☐ Land Survey ☐ Topographic Map   |  |   |  |  |
| W E  | after  | hours pumpin  |                  | om                               | ☐ Online Mapper:  |  |   |  |  |
| SWSE   | after  | s ft.<br>·g g   | om               |                                  |   |  |   |  |  |
|  | Estimated Vie                                      |   |                  |                                  |   | t. Ground Level TOC                                    |   |  |  |
| S  | Bore Hole Dia                                      | meter:  | in. toQ!         | ft. and                          | Source:   |  |   |  |  |
| 1 mile  in. to ft.   |  |   |                  |                                  |   |  |   |  |  |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID   |  |   |                  |                                  |   |  |   |  |  |
| Household  |  | many wells?   |                  |                                  |   |  |   |  |  |
| Lawn & Garden  | 7. 🗆 A   | well ID   |                  | ☐ Cased ☐ Uncased ☐ Geotechnical |   |  |   |  |  |
| Livestock  |  | Monitoring: well  |                  |                                  | 12. Geothermal: how many bores?   |  |   |  |  |
| 2. Irrigation  | 9. Environmental Remediation: well ID              |   |                  |                                  | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |  |   |  |  |
| 3. ☐ Feedlot 4. ☐ Industrial   |  |   |                  |                                  | 13.  Other (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 USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded  |  |   |                  |                                  |   |  |   |  |  |
| Casing diameter in. to   |  |   |                  |                                  |   |  |   |  |  |
| Casing height above land surface   |  |   |                  |                                  |   |  |   |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:         □ Steel       □ Steels Steels       □ Other (Specify)  |  |   |                  |                                  |   |  |   |  |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)   |  |   |                  |                                  |   |  |   |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |  |   |                  |                                  |   |  |   |  |  |
| ☐ Continuous Slot Mill Slot. Dia ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)   |  |   |                  |                                  |   |  |   |  |  |
| Louvered Shutter   |  |   |                  |                                  |   |  |   |  |  |
| SCREEN-PERFORATED INTERVALS: From  |  |   |                  |                                  |   |  |   |  |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |  |   |                  |                                  |   |  |   |  |  |
| Grout Intervals: From  |  |   |                  |                                  |   |  |   |  |  |
| Nearest source of possible contamination:  |  |   |                  |                                  |   |  |   |  |  |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage   |  |   |                  |                                  |   |  |   |  |  |
| ☐ Sewer Lines     ☐ Cess Pool     ☐ Sewage Lagoon     ☐ Fuel Storage     ☐ Abandoned Water Well       ☑ Watertight Sewer Lines     ☐ Seepage Pit     ☐ Feedyard     ☐ Fertilizer Storage     ☐ Oil Well/Gas Well   |  |   |                  |                                  |   |  |   |  |  |
| 1 Other (Specify)  |  |   |                  |                                  |   |  |   |  |  |
| Direction from well? SOUTH EAST Distance from well? 40 ft.   |  |   |                  |                                  |   |  |   |  |  |
| 10 FROM TO   |  | THOLOGIC LO   | G                | FROM                             | TO I  | LITHO. LOG (cont.)                                     | or PLUGGING INTERVALS   |  |  |
| 0 4  | FILL DIE   | TOWN FI   | 0 m              |                                  |   |  |   |  |  |
| 72 139   |  |   | 410              |                                  |   |  | W 100-12-17-18-17-18-17-18-18-18-18-18-18-18-18-18-18-18-18-18- |  |  |
| 29 32  |  | INK TO  |                  |                                  |   |  |   |  |  |
| 32   | SHALK  |   | ALD              |                                  |   |  |   |  |  |
|  |  |   |                  |                                  |   |  |   |  |  |
|  | No   |   |                  |                                  |   | otes:  |   |  |  |
|  |  |   |                  |                                  |   |  |   |  |  |
| 11 CONTRACTOR'   | S OR LANDO   | WNER'S CERT   | TIFICATION:      | This water                       | well was  | constructed. Tree                                      | constructed, or nlugged   |  |  |
| 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) ** 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) |  |   |                  |                                  |   |  |   |  |  |
| Kansas Water Well Co   | ntractor's Licen                                   | se No. S.O. Z.  | This Wat         | er Well Rec                      | ord was com   | ple <b>je</b> d <i>y</i> yn (mino-day-                 | year) <b>(20.1.20.1.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.</b>    |  |  |
| under the business nam   |  |   |                  |                                  |   |  |   |  |  |
| INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.  |  |   |                  |                                  |   |  |   |  |  |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012  |  |   |                  |                                  |   |  |   |  |  |