| WATER WELL R | | | vision of Water | | Wall ID | | |
|--|---|---|---|--|--------------------------------------|--|--|
| Original Record Correction Change in Well Use 1 LOCATION QF WATER WELL: Fraction | |) | ources App. No. | | Well ID | | |
| County: $\mathcal{S} \mathcal{A} \mathcal{A}$ | L110E Sh) 1/4 NEV4 | SW1/4 SW/4 | ction Number 36 | Township Number | er Range Number R □ E ☑ W | | |
| 2 WELL OWNER: Last Name: FOOR THINK ISSUED (OR IN) Street or Rural Address where well is located (if unknown, distance and | | | | | | | |
| Business: DRILL TO SUITE / BD III | | | | | | | |
| Address: 2948 TASKET LANK 2948 TASKED LANK 2948 TASKED LANK | | | | | | | |
| City: SALI | NA State: \$\text{\$\text{SIP: 674}} | 70 9 | 7 70 / | 7931200 | | | |
| | | | | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WE | ELL:Q f | | | (decimal degrees) | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | (decimal degrees) | | |
| N | 2) ft. 3) ft., well's static water level: | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | |
| | below land surface measured on (n | below land surface, measured on (mo-day-yr) Aug 20, | | | GPS (unit make/model:) | | |
| NW NE | above land surface, measured on (m | (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| | Pump test data: Well water was 3. | ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | after hours pumping | afterl hours pumping2.0 gpm | | | ☐ Online Mapper: | | |
| s W SE | Well water was | | | *** | | | |
| | | after hours pumping gpm Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | |
| S | Bore Hole Diameter:gim in. to | | Source: Land Survey GPS Topographic Map | | | | |
| 1 mile | in. to | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | 5. ☐ Public Water Supply: well | 1 ID | 10. 🗌 Oil Fi | eld Water Supply: lea | ase | | |
| ☐ Household | 6. ☐ Dewatering: how many we | 11. Test Hole | 11. Test Hole: well ID | | | | |
| 🔀 Lawn & Garden | 7. Aquifer Recharge: well II | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| Livestock | | 8. Monitoring: well ID | | | 12. Geothermal: how many bores? | | |
| 2. Irrigation | 9. Environmental Remediation: | | a) Closed Loop | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection | | | b) Open Loop Surface Discharge Inj. of Water 13. Other (specify): | | | |
| | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | |
| Water well disinfected? X Yes No | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter ft. | | | | | | | |
| Casing height above land surface 12 in. Weight 1.60 lbs./ft. Wall thickness or gauge No. 5. D.C. 26 | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| ☐ Steel ☐ Stainless 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 S | | | | | | | |
| 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 ☐ Sew | vage Lagoon | Fuel Storage | ☐ Abando | ned Water Well | | |
| Watertight Sewer Lin | | | Fertilizer Storag | | l/Gas Well | | |
| Other (Specify) Direction from well? NO.C.T.H. Distance from well? +O. ft. | | | | | | | |
| 10 FROM TO | LITHOLOGIC LOG | FROM | | | PLUGGING INTERVALS | | |
| 0 3 | FILL DIET | FROM | IO LI | THO. LOG (cont.) or | I LUGGING INTERVALS | | |
| 3 34 | CLAY TAN SILTY | | | | | | |
| | SAND FINE TO MED | TAA) | | | | | |
| 60 41 | SHAKE GRAY | 77.70 | | | | | |
| QV C | | | | | | | |
| | | | | | | | |
| Notes: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\subseteq \constructed, \subseteq \text{reconstructed}, \text{or } \subseteq \text{plugged} \) | | | | | | | |
| 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) hug. 20.1.1.1 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No | | | | | | | |
| under the business name | e of P. C.T.I.D. G. i. D. D. M. | P. J. F. P. C. IP | E | ton (mo-day-ye | at inthum. Cali (All) | | |
| under the business name of P.C. T. I.V. G. J.R. P. U. M.P. S. R. L. V. I.C.K. 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. | | | | | | | |
| Department of Ho | eaun and Environment, Bureau of Water, Geology Sect | non, TORO SW Tackson St. | Suite 470 Toneka Ka | ansas 66612-1367 Telepho | ne (7X5) 296-3565 | | |

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html