WATER WEL						on of Water						
Original Record Correction Change in V LOCATION OF WATER WELL: Fra				Resources App. No. Section Number				Township Number Range Number				
	/)	ELL:	Fraction		section				1 2			
County: Kusse// 1/4 NE			1/4 NE 1/4SE 1/4						EEW			
2 WELL OWNER: Last Name: Bogner First: John Street or Rural Address where well is located (if unknown direction from nearest town or intersection): If at owner's address,												
Business: Address: 887 NE 140 RO					direction from nearest town or intersection): If at owner's address, check here: \[\text{WALKES RO And 19\text{19\text{19}} take 19\text{2nlst 1. miles to Gake on West side Follow Road South to West.} \]							
Address:	NAITES	RO	AND 19%	1d & Lak	4 192n/st /	miles	to Gate					
City: Doin	_	State: KS	ZIP: 67525	on wes	,r 3/	w 1-01	ION RO	ad Journ to	well.			
3 LOCATE WELI				11.2								
WITH "X" IN	1 4 DEPT	4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude:(decimal deg						
SECTION BOX:	Depth(s) Groundwater Encountered: 1)											
$N = \{1, \dots, M\}$ 2) tt. 3) tt., or 4) \square					Dry Well Datum: WGS 84 NAD 83 NAD 27							
	_		TER LEVEL:!!!		Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-					GPS (unit make/model:						
NW NE _V -	$NW_{} = NE_{V_{-}}$ above land surface, measured on (mo-day-y) (WAAS enabled? \(\subseteq \text{ Yes} \subseteq \text{ No)}						
	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map						
	E after hours pumpingg					☐ Or	iline Mapp	oer:				
SW SF	Well water was											
	arterg					6 Flower	ion:	ft.	7 Ground	Lavel D TOC		
	Estimated Yield:gpm S Bore Hole Diameter:in. to							Survey GP:				
S 1 mile	Bore Hole					Source						
1 mile in. to ft.												
1 —	1. Domestic: 5. Public Water Supply: well ID											
☐ Household☐ Lawn & Garder								ID				
								Incased Geo				
	Livestock 8. Monitoring: well ID							w many bores?				
3. ☐ Feedlot	2. Irrigation 9. Environmental Remediation: well ID							☐ Horizontal				
4. Industrial	<u> </u>											
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 diameter												
Type of Company on person and surface												
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 Shutt		iched W		w Cut				(Specify)	• • • • • • • • • • • •			
SCREEN-PERFOR	ATED INTER	VAIS From	1	') A Eron	~] 14011	e (Open ric	ле)	A From	A to	A		
GRAVEL	PACK INTER	VALS: From	1	7 ft From	11 m	11. 10 A to	•••••	ft., From	11. 10			
9 CPOUT MATE	DIAL D Nee	t coment	Coment grout Pa	ntonito	1 Oth	11. 1 <u>0</u>	************	11., 1 10111	11. 10			
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 2.0 ft. to ft., From ft. to ft. ft. o ft. ft. o ft.												
Nearest source of po			. 1t., 110iii	11. 10	• • • • • • •	. It., PIOIII .		. 11. 10	11.			
Septic Tank		Lateral Line	s 🔲 Pit Privy	1	□ Liv	vestock Pen	ıs	☐ Insecticide	Storage			
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lago												
									•11			
						timeer Stor	 60		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Direction from well?	Souther	5.4	Distance from w	ell? Joo	g-			ft.				
10 FROM TO		LITHOLOG		FROM				OG (cont.) or PL	UGGINO	INTERVALS		
0 4	TOPS		***************************************	1								
4 20		Stone : C	lan									
20 140		shele	D. 1. /2.		+							
140 162	, 7		re while clay									
			· · · · · · · · · · · · · · · · · · ·		\neg					1		
	Shake		· · · · · · · · · · · · · · · · · · ·	 	+							
				Notes:								
				+								
11 CONTRACTO	R'S OR LAND	OWNER'S	CERTIFICATION	I: This wa	ıter u	ell was	construc	eted Treconst	ructed a	or nlugged		
under my jurisdiction	on and was com	pleted on (m	CERTIFICATION 0-day-year) 3::2?	-/4 ar	nd thi	s record is	true to th	ne best of my k	nowledo	re and belief		
Kansas Water Well	Contractor's Li	cense No.	This Wa	ter Well R	lecor	d was com	pleted on	(mo-day-year)4-	3-14		
under the business i	name of	iney has	kr. hell.	-	<u></u>	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
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	or Health and Enviror	nment, Bureau of	water, Geology Section, 1000	SW Jackson S	t., Suite	e 420, Topeka,	Kansas 6661	2-1367. Telephone (/85) 296-35	000.		

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