WATER WELL R			Divi	ision of Water				
☑ Original Record □		ange in Well Use	Reso	urces App. No.	<u> </u>	Well ID		
1 LOCATION OF WATER WELL:		Fraction	Section Number   Township Number   Range Number					
County: NC35 4			NEV 18 T/6 S R25 DE XIW					
2 WELL OWNER: L	ast Name: Evc/	First: James				(if unknown, distance and		
Business:	= 01		direction from r	earest town or int	ersection): If at owner	's address, check here: 🛭		
Address: 27724 Address:	r ra							
City: UTica	State:	Ks ZIP: 67584						
3 LOCATE WELL	1		45 0		20029 54	1 1/ (1 : 11)		
WITH "X" IN		4 DEPTH OF COMPLETED WELL: 4.5 ft. 5 Latitude: 28°27.56.6 (decimal degrees) Depth(s) Groundwater Encountered: 1)						
SECTION BOX:		3) ft., or 4) [		Longitu		I NAD 83 I NAD 27		
N					Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:			
	below land surface, measured on (mo-day-yr)			GPS (unit make/model:)				
NW XNE	above land surface, measured on (mo-day-yr			(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water wasft.			☐ Land Survey ☐ Topographic Map				
W		after			Online Mapper:			
SWSE		after hours numning omm						
	Estimated Vield		6 Elevatio	n: 2500 ft.	☑ Ground Level ☐ TOC			
S	Bore Hole Diameter	ft. and	Source:					
mile in. to ft. \ Other								
7 WELL WATER TO BE USED AS:								
1. Domestic:		Water Supply: well ID				ase		
☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aguifer Recharge: well ID				11. Test Hole: well ID				
Livestock	F. — 1			☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?				
2. Irrigation	9. Environmental Remediation: well ID			a) Closed Loop  Horizontal  Vertical				
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extr			b) Open Loop Surface Discharge Inj. of Water				
4. Industrial Recovery Injection 13. Other (specify):								
Was a chemical/bacteriological sample submitted to KDHE?   Yes No If yes, date sample was submitted:								
Water well disinfected?								
8 TYPE OF CASING	USED: ☐ Steel 🗷	PVC Other	CASIN	IG JOINTS:	☐ Glued ☐ Clamped	☐ Welded ☐ Threaded		
Casing diameter in to								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)								
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								
SCREEN-PERFORATED INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination:  Septic Tank 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								
☐ Other (Specify)  Direction from well?  Distance from well?  ft.								
Direction from well?								
10 FROM TO		LOGIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS		
0 10	Soil clay		-					
10 20 20 30	Sand, xelle							
30 30	Sand Whit		-					
	Sand Shale Shale, Gree				v			
73	Shale, Gred	7						
	/		Notes:					
	1,000							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged								
under my jurisdiction and was completed on (mo-day-year)								
Kansas Water Well Contractor's License No. (2.2.1 This Water Well Record was completed on (mo-day-year)								
under the business name of Cline Dillins. Signature Signature Purpose SWAS Section								
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.								
1 DOOD OF THE DECKSOIL D	s.gov/waterweli/index.htm		KSA 82a-12		.o. your records. Teleph	Revised 7/10/2015		