		RECORD			I	Division of \	Vater					
		☐ Correction		in Well Use	R	esources Ap	p. No.		Well ID	L		
1 LOC.	ATION OF	WATER WE	LL: . F	Fraction		ection Nu	mber	Township Numb	er Rar	ige Number		
County: Barton										4 🗆 E 🔳 W		
		R: Last Name: Sto	oss	First: Jerold	Street or I	Rural Addr	ess whe	ere well is located	(if unknown	, distance and		
	Business: Address: 351 S Center							earest town or intersection): If at owner's address, check here:				
	Address: 1 1/4 South,							Olmitz				
City: Hoisington State: KS ZIP: 67544												
3 LOCATE WELL												
WITH "X" IN SECTION BOY: 4 DEPTH OF COMPLETED WELL:263ft. 5 Latitude:									04	(decimal degrees)		
SECT	3) 9 2) 9 4) [] D W-11							e: 98.885	21	(decimal degrees)		
1700	WELL'S STATIC WATER LEVEL; 90 ft.						urce for	Datum: WGS 8- Latitude/Longitude	4 = NAD	83 LI NAD 27		
	below land surface, measured on (mo-day-yr)7-30-19							unit make/model:		,		
NW	NE	above	land surface, m	easured on (mo-day	-уг)		i i	WAAS enabled?	Yes □ N	o)		
	Pump test data: Well water was ft.							☐ Land Survey ☐ Topographic Map				
W	Wall system was							☐ Online Mapper:				
¥- sw -	* SW SE after hours pumping gpm											
	Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC					
	S Bore Hole Diameter:10 in. to263 ft, and						Source: Land Survey GPS Topographic Map					
	1 mile in. to											
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID					
Table 1	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID ■ Livestock 8. ☐ Monitoring: well ID						☐ Cased ☐ Uncased ☐ Geotechnical					
	2. Irrigation 9. Environmental Remediation: well ID						12. Geothermal: how many bores?					
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction						b) Open Loop Surface Discharge Inj. of Water					
4. 🔲 Indus	trial		Recovery	☐ Injection		13. 🗂	Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? Tyes No If yes, date sample was submitted:												
Water well disinfected? ■ Yes □ No												
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 5 in. to 263 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 18 in. Weight SDR-21 lbs/ft. Wall thickness or gauge No.												
Casing neight 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 1 Key Punched Wire Wrapped Saw Cut D None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From 263 ft. to 203 ft. From ft. to ft. From ft. ft. ft. ft. ft. ft. ft. ft. ft.												
GRAVEL PACK 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			Cess Pool	Sewage Lag		Fuel Storag		☐ Insectici		ati		
☐ Watertight Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Scepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Mone Direction from well?												
Direction fro	om well?	***************************************	**************	Distance from we								
10 FROM	TO		ITHOLOGIC	rog	FROM	TO	LITH	O. LOG (cont.) or F	LUGGING	INTERVALS		
0	3	Top soil			203	215	White	e clay w/ sandsto	ne streak	S		
3 18	18 35	Tan clay	C. P		215	263	Sand	Istone & clay w/	pyrite strea	aks		
35	87	Yellow clay &										
87	98	Brittle black s					-					
98	105	Gray shale wa White clay	sandstone:	sireaks			-					
105	110		own clay w/ sandstone streaks									
110	150											
110												
11 CONTI	RACTOR	S OR LANDO	WNER'S CE	RTIFICATION.	This water	r well was	COP	structed 🗆 rose-	otmintod			
under my it	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)7-30-19											
Kansas wai	ter well Co	ntractor's Licer	1se No 134	t This Wat	er Well Rec	ord was co	mplete	d on (mo_day_veo	e) 8_10_1	10		
under the bi	usiness nam	le ofrspsen	crantz- Bemi	is.⊑nt inc	Si	enature	ACT	Las (10, Am				
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 httn	://www.kdhob	s gov/waterwell/in	na, Nansas 60612 dev html	W of enolisivi. ₹oci−3 Vi	ater well Owi	ier and retain 12	one for y					
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												