correction

		RECORD				oivision of W			Well		
✓ Original Record ☐ Correction ☐ Change in Well Use 1 LOCATION OF WATER WELL: Fraction					Resources App. No. Section Number			Township Number Range Number			
County: Ness NE 1/4 NW 1/4 SW 1					sw ¼ 32 T 18 S R 21 □ E 🖸 W						
2 WELL OWNER: Last Name: Cosair First: Brett						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:					
Address: 219 W Austin St											
Address:					1 mile south of Bazine & 1 mile East						
City: Bazine State: KansazıP: 67516 3 LOCATE WELL											
	WITH "X" IN 4 DEPTH OF COMPLETED WELL:							. 38.440	D	(decimal degrees)	
SECTION BOX: Depth(s) Groundwater Encountered: 1)						It. Longitude:					
2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL:					Dry Well	Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				□ NAD 27	
	below land surface, measured on (mo-day									,	
NW	above land surface, measured on (mo-day						☑ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map				ар	
W	Wall system was						Online Mapper:				
X SW	X SW SE after hours pumping						,	0400			
						6 Elevation: .4130ft. Ground Level			und Level 🔲 TOC		
	S Bore Hole Diameter:8 in. to35				ft. and	ft. and Source: Land Survey GPS Topographic Other KOLAR] Topographic Map	
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
	Household 6. Dewatering: how many wells?										
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
_	☑ Livestock 8. ☐ Monitoring: well ID							nal: how many bore			
3. ☐ Feedlo	2. Irrigation 9. Environmental Remediation: well I							Loop Horizon			
3.					Extraction	on 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? ☐ Yes ☑ No											
8 TYPE OF CASING USED: Steel PVC 7 Other NA CASING JOINTS: 7 Glued Clamped Welded Threeded											
Casing diameter 0 in. to 0 ft., Diameter in. to ft. Casing height above land surface 0 in. Weight lbs/ft. Wall thickness or gauge No. 0											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify)											
☐ Steel ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☑ 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											
GRAVEL PACK INTERVALS: From											
Grout Intervals: From											
Nearest sou	rce of possil	ole contamination	ı: No pote	ential source of cor	ntamination v	vithin 200 ft					
☐ Septic☐ Sewer			teral Lines ss Pool	☐ Pit Privy	-	Livestock		☐ Insection		_	
	ight Sewer L		epage Pit	☐ Sewage La ☐ Feedyard		☐ Fuel Stora		☐ Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)											
Direction fro	om well? .!N		·····	Distance from w	vell? .2000			ft.			
10 FROM 0	TO 7		THOLOGIC	LOG	FROM	TO	LIT	HO. LOG (cont.) or	PLUGO	GING INTERVALS	
7	10	Brown Soil Yellow Clay					 				
10	14	Fine Sand									
14	28	Yellow Clay									
28	30	Hard Rock					 	·-····································			
30	35	Shale		· · · · · · · · · · · · · · · · · · ·							
					Notes:						
11 CONTRACTORIS OR LANDOWNERS CREEKING CONTRACTORIS											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (moday year) 05/14/2020 and this record is true to the best of my language and belief											
under my jurisdiction and was completed on (mo-day-year) .05/14/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 827 This Water Well Record was completed on (mo-day-year) .06/10/2020											
under the business name of Evel Windmill Repair. Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.											
KS Departs	nent of Health	Send one copy to V	VATER WELL	OWNER and retain	one for your re	cords. Fee o	f \$5.00 f	for each constructed we	il.	505.006.3565	
KS 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											