		RECORD	Form WV □ Change in		K _{Res}	vision of Water ources App. N		Well ID		
Original Record Correction Change in Well Use I LOCATION OF WATER WELL: County: JEWELL Sub 14 Sub 14 Sub 14					SE Se	ction Number 11				
2 WELL OWNER: LAST Name: LANGER First: LARRY Street or Rural Address where well is located (if unknown, distance and										
Business: Address: 120 E. 4TH ST.						rection from nearest town or intersection): If at owner's address, check here:				
Address	Address:						N HWY 14, GO SOUTH TO CEDAR ROAD AROUND 2 MILES			
City: SUPERIOR State: NE ZIP: 68978 GO EAST 2.75 - NORTH SIDE OF THE RD AND AN 1/8TH										
WITH "				ETED WELL:	141 ft. 5 Latitude:					
	SECTION BOX: N Depth(s) Groundwater Encountered: 1) 2)ft. 3)ft., or				ft. □ Drv Well	ft. Longitude: 98.0684722 (decimal degrees)] Dry Well Horizontal Datum: □ WGS 84 ■ NAD 83 □ NAD 27				
M	N	WELL'S S	WELL'S STATIC WATER LEVEL:			ft. Source for Latitude/Longitude:				
				asured on (mo-day		🖉 📄 🔀 GI	PS (unit make/model:	(Tarmn)		
NW	NE	Pump test c	D above land surface, measured on (mo-day-yr Pump test data: Well water was				· (WAAS enabled? ☐ Yes 戶 No) ☐ Land Survey ☐ Topographic Map			
w	E	after	Pump test data: Well water was			Online Mapper:				
sw	SE	offer	Well water was ft. after hours pumping gg			m				
x	0					6 Flowetion: / 2 / A ft 2 Ground Loval TOC 1				
	S	Bore Hole	Bore Hole Diameter:			$\begin{array}{c c} 1 & and \\ \hline c \\ t \\ \hline c \\ c \\$				
Imile Imile <th< td=""></th<>										
1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease										
1 -	☐ Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID				
	□ Lawn & Garden 7. □ Aquifer Recharge: well ID □ Livestock 8. □ Monitoring: well ID						□ 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 E									
4. Industrial Injection 13. Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? □ Yes 🕅 No If yes, date sample was submitted:										
8 TYPE OF CASING USED: \Box Steel \blacksquare PVC \Box Other CASING IONTS: \blacksquare Glued \Box Clamped \Box Welded \Box Threaded										
Casing diameter										
Casing height above land surface										
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-DEREORATED INTERVALS. From 113 θ to 14 θ From θ to 1 θ From θ to θ										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: □ Neat cement □ Cement grout ■ Bentonite □ Other										
Nearest source of possible contamination: Nong										
Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage Sewer Lines Cess Pool Sewage Lagoon Fuei Storage Abandoned Water Well										
□ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Puer Storage □ Abandoned water wen										
Direction from well? ft.										
Direction fro	om well?		LITHOLOGIC		FROM			PLUGGING INTERVALS		
0	5	TOP SOIL		200			2.110.100 (000.)0			
5	34	CLAY								
34	72		SANDY GRAVEL					- 14 (b)/v		
72	74 135		SANDY GRAVEL							
74 135	135	SHALE								
						Notes: Original Returned to Sender				
for Correction Date: $\frac{\gamma_{19}}{\gamma_{19}}$								tion Date: 1917		
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) .6/8/20.16 and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 480 This Water Well Record was completed on mo-tay-febr) 7/8/2016 under the business name of WILLIAMS DRILLING COINC										
Mail	1 white copy a	long with a fee of	f \$5.00 for each co	nstructed well to: Ka	ansas Departme	nt of Health and I	Environment, Bureau of W	ater, 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.								one 785-296-5524.		
Visit us at its	i chune kahek	is gov/waterwell/	index html		KSA 82a-1	212		Revised 7/10/2015		