	LL RECORD	Form V			vision of Wate		Well ID 1085-3		
	ord Correction		in Well Use		sources App. Nection Numbe		WCII ID		
			Fraction '4 SW '4 SE '		13	Township Numb	er Range Number R 6 □ E ■ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and									
Business: El Paso Remediation Company direction from nearest town or intersection): If at owner's address, check here:									
	orth Nevada Avenu					-			
Address:		a CO	am 00000	126 West	Ave. A, Hutc	ninson, KS			
		State: CO	ZIP: 80903						
3 LOCATE WE WITH "X" IN	, 4 DEPIH		PLETED WELL:		ft. 5 Latitu	de: 38.0512	35 (decimal degrees)		
	SECTION ROY: Depth(s) Groundwater Encountered: 1)!VA					ft. Longitude: -97.935949 (decimal degrees)			
N N	N 2) ft. 3) ft., or 4) □								
	WELL'S STATIC WATER LEVEL:below land surface, measured on (mo-day-yr)								
	Down test date: Well senter and					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
$ w \times w $									
CW CE	Well water was ft.								
SW SE	after hours pumping gpm					tion: NA f	. Ground Level TOC		
Estimated Yield:			gpm	Source: \(\sum_{\text{Land Surv}} \)			GPS Topographic Map		
S I1 mile	S Bore Hole Diameter: . 8.75 in. to								
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
Household					11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical			
□ Lawn & Garden 7. □ Aquifer Recharge: well ID □ Cased □ Uncased □ Geotechnical □ Livestock 8. ☑ Monitoring: well ID 12. Geothermal: how many bores?									
	2. Irrigation 9. Environmental Remediation: well ID								
3. Feedlot Air Sparge Soil Vapor Ext					b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):				
4. Industrial		Recovery	☐ Injection		THE STATE OF THE S				
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 4 in to 6 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 0 in Weight lbs./ft. Wall thickness or gauge No. Sch 40									
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									
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From 6 ft. to 18 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 4 ft. to 6 ft., From ft. to ft.									
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 Lines		Cess Pool	☐ Sewage La] Fuel Storage		oned Water Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
10 FROM T		ITHOLOG		FROM			PLUGGING INTERVALS		
0 2			, fine, no odor	FROM	10	LITHO. LOG (COIII.) OF	FLOODING INTERVALS		
2 7			vn, fine to coarse		++		- Marie Control of the Control of th		
-	no odor	gidy biot	m, mo to coarse	+	 				
7 15	Sand, gray b	rown, fine	to coarse.						
	no odor, wet	3 mio							
15 18		el, grav. w	et, petroleum odo	-					
				Notes:		****			
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) 8-23-2917 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo-day-year)									
Kansas Water W	en Contractor's Lice	nse No. 🤼 mental Pri	ority Service Inc	ater Well Re	cord was com	pleted on (mo-day-ye	ar)		
Mail 1 white	copy along with a fee of	5.00 for each	constructed well to: Ka	nsas Denartmer	t of Health and F	Environment, Bureau of W	ater, GWTS 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.									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									