WATER WELL F				ision of Water				
	Correction Change			ources App. No		Well ID		
1 LOCATION OF WATER WELL: Fraction			Section Number Township Number Range Number					
County: EDW	Ard5	1/4 1/4 C 1/4		36	T 29 S	R /9□E X W		
2 WELL OWNER: Last Name: Mc Lean First: Vail5 Street or Rural Address where well is located (if unknown, distance and								
Business: Address: 30Z Cresent BIVI. Address: 30Z Cresent BIVI. Address: 30Z Cresent BIVI.								
Address: 382 CA	sent bive.	_	Kinsteg	JU CASI	PASHER FOLLS	Track		
City: Hutchin	Son State: KS	ZIP: 67502	Then 20	5W	PASTURE FOIL			
3 LOCATE WELL		4 DEPTH OF COMPLETED WELL: 80 ft.				5 Latitude:(decimal degrees)		
WITH "X" IN			1	Longitude:				
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Horizontal Datum: WGS 84 NAD 83 NAD 27			
N	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:			
	below land surface, measured on (mo-day-yr).)		
NW NE	above land surface,			I	(WAAS enabled?			
		Pump test data: Well water was			☐ Land Survey ☐ Topographic Map			
W	Well water was ft.			□ □ On	☐ Online Mapper:			
SW SE	after hours pumping gpm							
	Estimated Vield	Estimated Yield: gnm			6 Elevation:ft. Ground Level TOC			
S	Bore Hole Diameter: 19.58 in. to 8.0 ft. and			Source:				
mile		in. to			☐ Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:	5. ☐ Public Wate	er Supply: well ID				se		
☐ Household ☐ Lawn & Garden	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID			
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				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? My Vos. D No.								
8 TYPE OF CASING USED: Steel NO PVC Other CASING IOINTS: M Glued Clamped Welded Threaded								
Casing diameter								
Casing diameter 5 in. to 55 ft., Diameter 5 in. to 65 ft., Diameter in. to ft. Casing height above land surface 24 in. Weight .5 Dk Z4 lbs/ft. Wall thickness or gauge No								
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 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								
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								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify) Direction from well? Distance from well? Distance from well?								
10 FROM TO	LITHOLOGI	C LOG	FROM			LUGGING INTERVALS		
0 15	Fine Smd 7		1	10	2.110. 200 (cont.) of 1	2000HO HILLOTALD		
15 20	BRn Clay	1 4-11						
20 30	Fine FAM SAS	16						
30 60	med / corrse							
60 75	Vellow Clay							
75 80	Grey Clay							
			Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, T reconstructed, or plugged								
under my jurisdiction and was completed on (mo-day-year)								
under the business name of Crowd's Water well Suk. Signature								
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.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015								