					Division of Water MW		Wall ID MW	
			ge in Well Use		sources App. No. ection Number	Township Numbe	Well ID	
1 LOCATION OF WATER WELL: County: Reno			Fraction SE 1/4 NW 1/4 SE 1/4		5	T 25 S	R 4 □ E ■ W	
	OWNER:	Last Name:				here well is located (
Business:		Last Name.					s address, check here:	
Address: 112 West 2nd Street								
City:	Haven	State: KS	ZIP:				/	
3 LOCAT		4 DEPTH OF COM	MPLETED WELL: .	36.3	ft. 5 Latitud	e: 37.89983	(decimal degrees)	
Depth(s) Groundwater I			Encountered: 1)	ft.	Longitu	Longitude: 97.78671 (decimal degrees)		
Y (2)			3) ft., or 4) \(\subseteq \text{Dry Well} \)		Horizon	Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27		
WELL'S STAT			ATER LEVEL: 17.31 ft			Source for Latitude/Longitude:		
			below land surface, measured on (mo-day-yr). above land surface, measured on (mo-day-yr).			■ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)		
NW	NE		Vell water was ft.		I	☐ Land Survey ☐ Topographic Map		
W E afterhow			s pumpinggpm			Online Mapper:		
sw	SE	· I	ater was ft.					
× alter		Estimated Yield:	ours pumping gpm		6 Elevati	6 Elevation: 1481.94ft. ☐ Ground Level ☐ TOC		
	S	Bore Hole Diameter:	3.25 in. to 36.3 ft. and		Source:	Source: ☐ Land Survey ■ GPS ☐ Topographic Map		
1 mile			in. to	ft.		☐ Other		
7 WELL WATER TO BE USED AS:								
1. Domestic			ater Supply: well ID			10. Oil Field Water Supply: lease		
☐ House			ng: how many wells?		11. Test Ho	11. Test Hole: well ID		
☐ Lawn	& Garden	charge: well ID			1			
			Remediation: well ID					
			e 🔲 Soil Vapor E		b) Ope	b) Open Loop Surface Discharge Inj. of Water		
4. Indust	rial	☐ Recovery	☐ Injection		13. 🔲 Othe	r (specify):		
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:								
Water well disinfected?								
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ■ Threaded								
Casing diameter 1 in to 21.3 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 36 in. Weight lbs./ft. Wall thickness or gauge No. Sch. 40								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel								
☐ 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 .21.3 ft. to 36.3 ft., From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From19.3 ft. to36.3 ft., From ft. to 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		☐ Cess Pool	☐ Sewage Lag ☐ Feedvard		Fuel Storage		ned Water Well	
□ Watertight Sewer Lines □ Seepage Pit □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)								
Direction from well?								
10 FROM	TO	LITHOLO	GIC LOG	FROM	TO L	ITHO. LOG (cont.) or l	PLUGGING INTERVALS	
0		Clay, brown to red bro	own, black mottling					
		damp, stiff, no odor		ļ	_			
10		Silty Clay, red brown,	moist, plastic,		-			
25		no odor	le mantillime maniet		 			
25		Clay, light brown, blac		-	-			
30		stiff, light ammonia od Clay, light brown, blad		Notes:	<u> </u>			
30		stiff, no odor	at motung, moist,	Tiores.				
Suri, no oddi								
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) $1-23-2018$, 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) 2/8/13 under the business name of Environmental Priority Service. Inc								
under the b	usiness nan	ong with a fee of \$5.00 for each	ch constructed well to: Von	sas Donartma	ignature	vironment Bureau of Was	ter 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								