WATER WELL R		WWC-5		ision of Water		MW 2		
Original Record		ge in Well Use		urces App. No		Well ID WITH		
1 LOCATION OF W	ATER WELL:	Fraction		tion Number	Township Numbe			
County: Reno	SE14 NW 14 SE 14				R 4 □E ■ W			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business: MKC Address: direction from nearest town or intersection): If at owner's address, check here:								
Address: 112 West 2nd Street								
City: Haven State: KS ZIP:								
3 LOCATE WELL	4 DEPTH OF COL	MPLETED WELL:	33.55 e	5 I otitus	37,89967	, , , , , , , , , , , , , , , , , , ,		
WITH "X" IN	Encountered: 1)		5 Latitude: 37.89967 (decimal degrees) Longitude: 97.78642 (decimal degrees)					
SECTION BOX: 1 2 4 2 4 or 4) \square Dry W				Horizontal Datum: WGS 84 \(\square\) NAD 83 \(\square\) NAD 27				
WELL'S STATIC WATER LEVEL: 16.67 ft.					Source for Latitude/Longitude:			
below land surface, measured on (mo-day-yr)				·· GPS (unit make/model:)				
above land surface, measured on (mo-day-yr).								
Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W after hours pumping gpm				Online Mapper:				
SW SE	Well water was ft.				· · · · ·			
× ,	after hours pumping			6 Elevation: 1484.21ft. ☐ Ground Level ☐ TOC				
S	3.25 in to 33.55	Source: ☐ Land Survey ■ G			PS Topographic Map			
mile						Other		
7 WELL WATER TO BE USED AS:								
1. Domestic:		ater Supply: well ID		10. □ Oil	Field Water Supply: lea	ıse		
☐ Household				11. Test Hole: well ID				
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID								
	2. Irrigation 9. Environmental Remediation: well ID							
3. ☐ Feedlot	Air Sparg		xtraction			charge Inj. of Water		
4. Industrial	☐ Recovery					***************************************		
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 1 in to 18.55 ft., Diameter in to 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								
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 18.55 ft. to 33.55 ft., From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From16.55 ft. to .33.55 ft., From ft. to ft., From ft. to ft.								
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other								
Grout Intervals: From 0 ft. to ft., From 16.55 ft. to ft., From ft., From ft.								
Nearest source of possible contamination:								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage								
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
☐ Other (Specify) Direction from well? Distance from well? ft.								
10 FROM TO	LITHOLO		FROM			PLUGGING INTERVALS		
	Clay, brown to red brown		I KOWI	10	1110. LOG (WIII.) 01	LEGGING INTERVALS		
	lamp to moist, no od		 					
	Clay, red brown, dam				, .,,			
	slight odor	p to moist, sun,						
	Silty Clay, red brown,	stiff ammonia odor						
	Silty Clay, fed brown, mo							
	ammonia odor	ou our, outrig	Notes:	L_				
25 30 Silty Clay, red brown, wet, plastic,no odor								
30 33.55 Silty Clay, red brown, dry								
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 -2017 and this record is true to the best of my knowledge and belief								
Kansas Water Well Con	tractor's License No. !	504 This Wat	er Well Rec	ord was com	leted on (mo-day-ye	ar)278/18		
under the business name	e of ⊫nvironmental F	riority Service. Inc	Sig	gnature	2 mt	•		
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								