		ECORD		WWC-5			vision of Water		Well ID		
Original Record Correction C Correction C Correction C							ources App. No ction Number				
County: SEDGWCK			SW 1/4 SW 1/4 NE	1/4		27	Township Number Range Number T 26 S R 1 □ E ■ W				
2 WELL OWNER: Last Name: GATES First: JEFF Street or Rural Address where well is located (if unknown, distance a											
Business: Address:	6005 W	ST DRIFTW			irection from	nearest town or i	nearest town or intersection): If at owner's address, check here:				
Address:											
City:		<u> </u>	State: KS	ZIP: 67205							
	UCCATE WELL 4 DEPTH OF COMPLETED WELL:										
	SECTION BOX: Depth(s) Groundwater Encountered: 1) ft.						Longit	Longitude:			
Ν	N 2) Static water level: 11 Div went Well's STATIC WATER Level: 11 n. n. <t< td=""><td></td><td colspan="4">Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:</td></t<>							Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:			
		below l	below land surface, measured on (mo-day-yr).12/21/201					GPS (unit make/model:)			
NW	NE		Dump test data: Well water was ft.					(WAAS enabled? \Box Yes \Box No)			
w			after hours pumping					Land Survey Topographic Map Online Mapper:			
" SW		Well water was ft.									
5w	SE		after					6 Elevation:ft. Ground Level TOC			
	s	Bore Hole I	Estimated Yield:25+gpm Bore Hole Diameter:10.5 in. to60 ft. and					Source: Land Survey GPS Topographic Map			
l n		2010 1000 1	in. to ft.					□ Other			
7 WELL WATER TO BE USED AS:											
1. Domestic:	. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells?							10. Oil Field Water Supply: lease			
	Lawn & Garden 7. Aquifer Recharge: well ID							Cased Uncased Geotechnical			
	Livestock 8. Monitoring: well ID						12. Geothe	12. Geothermal: how many bores?			
	. Irrigation 9. Environmental Remediation: well ID							a) Closed Loop Horizontal Vertical			
3. Feedlot Air Sparge Soil Vapor Ext 4. Industrial Recovery Injection						draction	0) Up 13. □ Oth	b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):			
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \blacksquare No If yes, date sample was submitted:											
Water well disinfected? Yes No											
8 TYPE OF CASING USED: □ Steel ■ PVC □ Other											
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-PERFORATED INTERVALS: From .45 ft. to 60 ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
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? .SOUTH											
10 FROM	TO	L	ITHOLO	GIC LOG		FROM	TO	LITHO. LOG (cont.) of	PLUGGING	INTERVALS	
0		TOP SOIL									
1 6		CLAY MED GRAVI	=1					· · · · · · · · · · · · · · · · · · ·			
41		CLAY			~						
42	60	MED GRAV	EL								
						Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my in	under my jurisdiction and was completed on (mo-day-year) .12/21/2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 884										
Kansas Wa	iter Well Co	ntractor's Lice	ense No. 🤇	584 This	Wat	er Well Re	cord was com	pleted on mo-day-y	ear) 3/.5	7.9-018	
under the b Mail	1 white copy a	ong with a fee of	\$5.00 for ea	ch constructed well to:	Kans	as Departmen	t of Health and F	Invironment, Bureau of W	ater, GWTS Se	xtion	
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.											
1	Visit us at http://www.kdheks.gov/waterwell/index.htmlKSA 82a-1212Revised 7/10/2015										