WATER WELL R		Form V	_			sion of Water				
Original Record						irces App. No.		Well ID		
1 LOCATION OF W		LL:	Fraction	1/ 6141		ion Number	Township Numb		e Number	
County: SEDGWICK SE½ SE½ SE½ SW½ 11 T 26 S R 3 DE										
2 WELLOWNER: Last Name: MCGONIGLE First: JOSH Business: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
Address: 24040 W 61ST ST N										
Address:										
City: ANDALE	1	State: KS	ZIP: 67001			1				
3 LOCATE WELL WITH "X" IN			PLETED WELL			5 Latitud	e:	d	lecimal degrees)	
SECTION BOX:	Depth(s) Groundwater Encountered: 1)					Longitu	Longitude:(decimal degrees)			
N		2) ft. 3) ft., or 4) \(\subseteq \text{Dry Well} \)					tal Datum: WGS 84	4 🛛 NAD 83	3 □ NAD 27	
		WELL'S STATIC WATER LEVEL:					or Latitude/Longitude			
) NW NE	above 1	above land surface, measured on (mo-day-yr)					(unit make/model:	I Vac D Na) `	
NW NE		Pump test data: Well water was ft.					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
w E	after	after hours pumping gpm					Online Mapper:			
SW SE		Well water was ft.								
	after	after hours pumping								
S	Rore Hole I	Estimated Yield:20gpm Bore Hole Diameter:10.5in. to75ft. and 6 Elevation:ft.								
1 mile	Bore Hore	in. to								
7 WELL WATER TO BE USED AS:										
1. Domestic:	5. □	Public Wat	ter Supply: well ID				ield Water Supply: le			
■ Household 6. □ Dewatering: how many wells?					•••••	 Test Ho 	le: well ID			
☐ Lawn & Garden	<u> </u>					☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock	<u> </u>					12. Geothermal: how many bores?				
2. ☐ Irrigation 9. Environmental Remediation: well ID. 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex						a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. Industrial		Recovery			иоп		r (specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:										
Was a chemical bacteriological sample submitted to KDHE? Fes No If yes, date sample was submitted: Water well disinfected? Yes No										
8 TYPE OF CASING USED: Steel PVC Other CASING IOINTS: Glued Clamped Welded Threaded										
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other										
Casing height above land surface										
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 .55 ft. to .75 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										
Nearest source of possible Septic Tank		i on: Lateral Line:	s ☐ Pit Privy			Livestock Pens	□ Incoctic	ide Storage		
Sewer Lines		Cess Pool	Sewage		_	Tuel Storage			'ell	
■ Sewer Lines										
Other (Specify) Direction from well? SO										
10 FROM TO		LITHOLOG	HC LOG	FI	ROM	TO L	ITHO. LOG (cont.) or	PLUGGING	INTERVALS	
	OP SOIL									
	INE SAND	<u>.</u>					· · · · · · · · · · · · · · · · · · ·			
	INE SAND									
	MED SAND	שורוע								
10 N	HED OMIND				 		T 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
				No	tes:					
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) .07./02/20.16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 884 This Water Well Record was completed on (mo-day-year) .07/12/20.16 under the business name of WENINGER DRILLING. LLC										
under the husiness name	uractor's Lic	ense No. 89 IGER DRII	LING. LLC	water W	en Keco	nature	reveu on (mo-day-ye	78F) MIJ.1414	v.ta	
Mail 1 white copy alo	ng with a fee of	\$5.00 for eacl	constructed well to:	Kansas De	partment o	of Health and En	vironment, Bureau of W	ater, GWTS Se	ction,	
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 7/10/2										