County: Sedawick Fraction N2 SW N	E Sec. 24 T 27 S R 2 EW							
CORRECTION(S) TO WATER WELL CO (to rectify lacking or income) Owner: Kar Soldator	rect information)							
Location was listed as:	Location changed to:							
Section-Township-Range: None Given	24-275-2W N2 SW NE							
Fraction (¼ ¼ ¼):	N2 SW NE							
Other changes: Initial statements:								
Changed to:								
Comments:								
Verification method: Wellsite address,	city street map, and							
Verification method: wellsite address, mapping tool # aerial phot	initials: DRA date: 5/8/2015							
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW	Constant Ave., Lawrence, KS 66047-3726							

	WELL R		Form '				sion of Water	i i			Į Į		
	Record [e in Well Use			arces App. No			Well ID			
1 LOCATION OF WATER WELL: Fraction County: 5 4 4 4				. ,	Section Number Township Number Range Number								
County	1: Sedzu	1/4	Y ₄										
County: Sed swick 1/4 1/4 1/4 2 WELL OWNER: Last Name: Soldador First: Ker Rusiness:						Street or Rural Address where well is located (if unknown, distance and							
Business: Address: 1346 N. As Karban							rection from nearest town or intersection): If at owner's address, check here:						
City: Wichifa State: KS ZIP: 67235						TEIDE TO TIMOTIAL TOTAL A							
3 LOCAT		4 DEPTH	OF COM	PLETED WELL:	7	7.1 ft.	5 Latitu	de:			(decimal degrees)		
WITH "	Donth(s) Groundwater Engagetared, 1)												
	N BOX:			3) ft., or 4)			Datum: WGS 84 NAD 83 NAD 27						
1	WELL'S STATIC WATER LEVEL: ft							Source for Latitude/Longitude:					
□ □ □ □ below land surface, measured on (mo-day							GPS (unit make/model:)						
NW	NE			, measured on (mo-da		(**************************************					<u>10)</u>		
				vater wass pumping		=							
W	E	aner		vater was		1	Online Mapper:						
SW	SE	after		s pumping		n							
			Yield:		·· 6r	-	6 Elevation:ft. ☐ Ground Level ☐						
	S			in. to	ft.	. and	and Source: Land Survey GPS Topograph						
1 r				in. to	ft	:.	Other						
		BE USED											
1. Domestic				ter Supply: well ID			10. Oil Field Water Supply: lease						
House				g: how many wells?					vell ID				
☐ Lawn o				echarge: well ID g: well ID					☐ Uncased ☐ © how many bores				
2. Irrigati				al Remediation: well					oop				
3. ☐ Feedlo			Air Sparge						op Surface Di				
4. Industr			Recovery				13. Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:													
l .		Yes \square	-	intica to RDITE:	J 1¢3		11 yes, date	samp.	ic was saomitte	/ G			
				C Other		CASIN	IG IOINTS:		lued \square Clampe	d □ Welde	d □ Threaded		
Casing diameter													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ FVC ☐ 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													
0 CPOU	RAVELTA P MATEDI .	I Nest	cement C	Cement grout	Sontor	nite \Box \cap	11. 10 ther		11., 1710111	11. 10	· · · · · · · · · · · · · · · · · · ·		
Grout Interv	rate: From	3 n to	24	ft., From	fi fi	nne 🗆 O	ft From		ft to	ft.	, • • • • • • • • • • • • • • • • • • •		
		le contaminat		10., 1 10		·	10., 1 10	•••••					
☐ Septic			Lateral Line	es 🔲 Pit Privy			Livestock Pen	าร	☐ Insecti	cide Storage	;		
☐ Sewer			Cess Pool	☐ Sewage I			Fuel Storage		_	oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify)													
10 FROM	TO		LITHOLO			FROM					G INTERVALS		
	10	۱ ح معید		GIC LOG	\dashv	TROW	10	LIIII	J. LOG (cont.) 0	LILOGGIN	OHITEKVALS		
0	20	100 3011 C/AU			-+								
20	46	Med Gran	n /ac	/n									
40	57	Med Grasu		7	_								
58	60	CAU											
60	71	Mad Grave	.)		\dashv					***************************************			
	'	THE SHAVE	4		1	Notes:	L_		······································				
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)													
under my jurisdiction and was completed on (mo-day-year) 1/19.12015 and this record is true to the best of my knowledge and belief.													
Kansas Wa	iter Well Co	ntractor's Lic	ense No	This V	Vater	Well Rec	ord was com	pletec	d on (mo-day-y	ear)//	21/3415		
under the b	ousiness nam	e oik	184.9x1	:=: 1111/mg . 64.C	• • • • • • •								
INSTRU	CTIONS: Send of Department of H	ne copy to WATE ealth and Environs	R WELL OWN nent. Bureau of	ER and retain one copy for Water, Geology Section, 10	your rec 000 SW	cords. Submit Jackson St. S	tee of \$5.00 for equite 420. Toneka	each con: . Kansas	structed well along w 66612-1367. Teleph	ith one (white) (ione (785) 296-	copy to Kansas 3565.		
Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012													