	ECORD	r		1						
	al Record			e in Well Use		sources App. N		Well ID		
1 LOCATION OF WATER WELL:			Fraction		ection Number	•		nge Number		
County: SEDGWICK				SE 1/4 SE 1/4 NW 1/4						
2 WELL OWNER: Last Name: POITRA First: CONAN Street or Rural Address where well is located (if unknown, distance and										
Business					direction from	tion from nearest town or intersection): If at owner's address, check here:				
Address: 1755 SOUTH 155TH ST WEST										
Address:										
City:	GODDAR	D 5	State: KS	ZIP: 67052						
3 LOCAT	E WELL	4 DEDTH	OF COM	SPLETED WELL:	113	113 A 5 Letitude: (decimal decrees)				
WITH "	'X" IN						5 Latitude:(decimal degrees)			
				Encountered: 1)		Longi	Longitude:			
] 1	N			3) ft., or 4) [ TER LEVEL:					83 LI NAD 27	
l —							for Latitude/Longitude		`	
'	D obove la	below land surface, measured on (mo-day-yr). 8/30.  above land surface, measured on (mo-day-yr)			UG					
Pump test data: Well						I	(WAAS enabled? ☐ Yes ☐ No)			
				s pumping			☐ Land Survey ☐ Topographic Map			
W	W E afterhow			vater was	gpin <del>ì</del>	"	☐ Online Mapper:			
, , , , , , , , , , , , , , , , , , , ,			ter hours pumping			6 Elevation:ft. ☐ Ground Level ☐ TOC				
<u> </u>	S	Pore Hole D	Bore Hole Diameter:10.5 in. to113 ft.			Source: Land Survey GPS Topographic Map				
Bore Hole Diamet						00000	Other			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
1. Domestic	-					. 10. 🖂 Oil	10. Oil Field Water Supply: lease			
				g: how many wells?		. II. Test F	11. Test Hole: well ID			
				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical			
					well ID 12. Geothermal: how many bores?					
	2. Irrigation 9. Environmental Remediation: well II						a) Closed Loop  Horizontal  Vertical			
3. ☐ Feedlot ☐ Air Sparge					☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge [					
4. 🔲 Indust	rial		Recovery	☐ Injection		13. □ Otl	ner (specify):	• • • • • • • • • • • • • • • • • • • •		
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 JOINTS: Glued Clamped Welded Threaded										
Casing diameter										
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										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From33										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other										
Nearest source of possible contamination:										
Septic			ateral Line	es 🔲 Pit Privy	Г	Livestock Per	ns 🗆 Insecti	cide Storage		
☐ Sewer			ess Pool	☐ Sewage La		Fuel Storage				
☐ Sewer Lines     ☐ Cess Pool     ☐ Sewage Lagoon     ☐ Fuel Storage     ☐ Abandoned Water Well       ☐ Watertight Sewer Lines     ☐ Seepage Pit     ☐ Feedyard     ☐ Fertilizer Storage     ☐ Oil Well/Gas Well										
	·						-			
Direction fro	om well? SO	UTH WEST		Distance from w	ell? .90					
10 FROM	TO		THOLOG		FROM		LITHO. LOG (cont.) o		GINTERVALS	
0		OP SOIL			1 ACIVI	+	ELLITO. DOG (CORE.) C	LUGGII	- ALTERNATION	
1		SANDY CLAY	<u></u>		<del></del>					
18										
18	113	SRAY SHAL	<u> </u>		ļ					
							,			
					Notes:	<u> </u>				
110665										
11 CONTRACTORIS OR LANDOWNERS CERTIFICATION. TI:										
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) .8/30/2018 and this record is true to the best of my knowledge and belief.										
under my j	urisdiction at	id was comple	eted on (n	10-day-year) .0/2W/	11.Q an	a this record is	s true to the best of m	y knowled	ge and belier.	
Kansas Wa	iter Well Con	iractor's Lice	nse No	384 This Wa	iter Well K	cora was com	ipieted on (mo-day-y	ear) .3/.1. <del>3</del> /.	4W J.Q	
under the b	ousiness name	NUNCTRY. 10	3EU. NR	LUNG, LLC		signature	MARSHA KRJYKROWSK	Inter CHITC	Castion	
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.										
				00012-1367. Mail one to			ie for your records. Telepi			
Visit us at htt	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									