	_			CORD	Form WV		Di	vision of Wate	ter -	47,636		
	<u> </u>			Correction	☐ Change in			ources App. 1	110.		Well ID	
1				TER WEL	L: Fr	action		ction Number	er   T	ownship Number	1 5	
_		· Ki				45E 4NW 4	NW1/4	4		T 28 S	R 10 □ E ■ W	
2	WELL	OWNER	k: Las	t Name:	Fi						(if unknown, distance and	
	Business:	Skyl	And	d Grai MAIM	N		tirection from nearest town or intersection): If at owner's address, check here:					
	Address:	115	5	MAIN	57	. ]	IN cumingham & Sw 170 Ave & Santa FE					
	City: Cunningham State: K5 ZIP: 67035 Rd. Enst To well											
3	LOCATI	E WELL			OF COMPL	ETED WELL.	110					
	WITH "	TH "X" IN Depth(s) Groundwater Encountered: 1)										
		2) 9 3) 9 07 4)										
ı	N	[	İ			LEVEL:				/GS 84 □ NAD		
						asured on (mo-day-				atitude/Longitude:	)	
	- X <sub>w</sub>	AwNE Pump test data: Well water was						r). 7-28.1 (WAAS enabled? ☐ Yes ☐ No)				
								· · ·	☐ Land Survey ☐ Topographic Map			
W			Е	after	hours pur	gpm	pm Online Mapper:					
	sw	SE		Well water was ft.								
	, ,	1		after	hours pur	gpm	6 Elevation:ft. Ground Level TOC					
					ield: .//	Ω1						
	~	-		Bore Hole L	lole Diameter: 10.3/8 in. to110 ft							
7 WELL WATER TO BE USED AS:												
	WELL V Domestic:		101			Supply: well ID						
	☐ Househ				Dewatering: h							
	☐ Lawn &			7. [	Aquifer Recha		Cased Uncased Geotechnical					
	_	Livestock 8. Monitoring: well ID										
2.	☐ Irrigati	Irrigation 9. Environmental Remediation: well 1						,				
	☐ Feedlot	Feedlot ☐ Air Sparge ☐ Soil Vapor										
4.	4. Industrial Recovery Injection 13. Other (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 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)											
SC	SCREEN OR PERFORATION OPENINGS ARE:											
	☐ Continuous Slot Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
SC			T L	INTEDM	A I S. Erom	grapped Sav	V Cut □	None (Open F	Hole)	Α Ε	ft. to ft.	
SC	REEN-P CI	EKTUK!	A L C L	Z INTERVA Z INTERVA	ALS: From		II., From	II. 10	.0	II., From	ft. to ft.	
_												
						From						
				contaminati		rrom	ii. io	II., From		It. to	π.	
	Septic 7		SIDIE		Lateral Lines	☐ Pit Privy	Г	Livestock Pe	ens	☐ Insectici	de Storage	
	Sewer I			_	Cess Pool	☐ Sewage Lag		Fuel Storage			ned Water Well	
	☐ Waterti		Line	_	Seepage Pit	☐ Feedyard		Fertilizer Sto			· · · · · · · · · · · · · · · · · · ·	
								994	<b>3</b> -			
		m well?				Distance from we	11?	174		ft.		
	FROM	TO			ITHOLOGIC		FROM	TO	LITHO	D. LOG (cont.) or l	PLUGGING INTERVALS	
	0	_ (i)_	$\perp$	TAM	Clay T	op Soil						
	6	75	$\perp$	Fine	TAN S	and						
	75	107	<u> </u>	Corrs	e Tan	Smid						
	107	110	1	Red	Clay							
		-			/							
	Notes:											
							1					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year). It is water well was completed on the best of my knowledge and belief. Kansas Water Well Contractor's License No. 17.1												
un	der my ju	risdiction	n and	was compl	eted on (m9-d	ay-year) .9.7.28.	7.6 and	this record i	is true	to the best of my	knowledge and belief.	
Ka	nsas Wat	er Well (	Contr	actor's Lice	ense No	This Wa	ter Well Re	cord was cor	mpleted	d on mo-day-ye	ef 4-28-16	
un						ater well			Post	MULLE	<b>1</b>	
	INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constituted well along with one (white) copy to Kansas  Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St. Suite 420. Topeka, Kansas 66612-1367. Telephone (785) 206-3565.											

KSA 82a-1212

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