		CORD					vision of Wate ources App. N] we	MW-17-17	
Original Record Correction Ct 1 LOCATION OF WATER WELL:				Fraction S			tion Numbe	Township Num	Number Range Number			
County: Sedgwick NE ½ SE ½ NE ½						4 SE ¼ 30 T 28 S R 4 🗆 E 🛛 W						
2 WELL OWNER: Last Name: Bolinger First: Van Street or Rural Address where well is located (if unknown, dista Business: Address: 6121 S. 391st St. If at owner's address, check												
Address: City: Cheney State: KS ZIP: 67025												
3 LOCATE					l							
WITH "2		4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) ☐ D WELL'S STATIC WATER LEVEL: 22.90 ⊠ below land surface, measured on (mo-day-yr)					5 Latitu	5 Latitude: 37.580361 (decimal degrees) Longitude: -97.789433 (decimal degrees) Horizontal Datum. WGS 84 NAD 83 NAD 27				
SECTIO	N BOX: N					Dry Well	Horiz					
[Latitude/Longitude	<u>:</u>		
NW-	NE	above land surface, measured on (mo-day-yr)					- X G		init make/model: WAAS enabled?	Yes) □ No)	
w	E	Pump test data: Well water was not checked ft.						Land Survey Topographic Map				
SW	SE *	after hours pumping g Well water was fit						Online Mapper:				
5w		after hours pumping gr				m		6 Elevation: Unknown ft. Ground Level TOC				
		Estimated Yield:gpm Bore Hole Diameter:83/4 in. to28 ft. and in. toft.						Source: Land Survey GPS Topographic Map				
1	S mile											
7 WELL WATER TO BE USED AS:												
1. Domestic	Domestic: 5. Public Water Supply: well ID _ Household 6. Dewatering: how many wells? _									y: lease		
	Lawn & Garden 7. 🗍 Aquifer Recharge: well ID									Uncased Geotechnical		
3. Feedlo	Image:						a) Closed Loop 🔲 Horizontal 🗌 Vertical b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE? I Yes 🖾 No If yes, date sample was submitted:												
Water well disinfected? Yes No												
8 TYPE OF CASING USED: Steel PVC CASING JOINTS: Glued Clamped Welded Threaded Other Casing diameter 4 1/2 in. to 10 ft., Diameter in. to ft., Diameter in. to ft.												
Casing height above land surface0 in. Weight2.07lbs./ft. Wall thickness or gauge No237												
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass YPC Other (Specify)												
Steel Stainless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
	nuous Slot ered Shutter								Other (Specify)			
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole) SCREEN-PERFORATED INTERVALS: From 10 ft. to 25 ft., From ft. to ft., From ft. ft. ft.												
GRAVEL PACK INTERVALS: From 8 ft. to 28 ft., From ft. to ft., From ft. to ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 0 ft. o 1 ft. from 1 ft. from ft. from ft. ft. from ft. ft. from ft. ft. from ft.												
Nearest sou	rce of possibl	e contaminatio	n:									
			ateral Lines				Livestock Pens	5			U	
Image: Sewer Lines Image: Cess Pool Image: Sewage Lagoon Image: Fuel Storage Image: Abandoned Water Well Image: Watertight Sewer Lines Image: Seepage Pit Image: Feedyard Image: Feedyard Image: Oil Well/Gas Well												
Other (Specify) MW-10-17												
Direction from 10 FROM	n well? <u>Nor</u>		ITHOLOG		om well?	75 FROM	TO ft.	IITI	HO LOG (cont.) o	r PI II	GGING INTERVALS	
		`opsoil	moloc	JIC LOG		TROM	10	LIII	10. LOG (cont.) c		JOINO INTERVALS	
6	28 S	hale, red, green										
		14.001										
									5 - 5			
		Notes: Flush Mount Construction Grouting modified due to shallow groundwater										
Grouting modified due to shallow groundwater												
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) $\frac{10}{11}$ and this record is true to the best of my knowledge and belief.												
Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo-day-year) 10/16/17 under the business name of Clarke Well & Equipment, Inc. Signature												
Mail I 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. Visit us at http://www.kdheks.izov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											