WATER WELL RECORD ✓ Original Record ☐ Correction ☐							oivision of Wesources App] We	il ID	South	
		ATER WEL		Fraction		Se	ction Nur	nber	Township Nun	ıber	Ran	ge Number	
i	: Sedgwick			NW 1/2 SW 1/2	4 NE 1/4		13		T 29		R 1	□ E 🔀 W	
2 WELL OWNER: Last Name:				First:		Street or Rural Address where well is located (if unknown, distartion from nearest town or intersection): If at owner's address, check Approximately 2 miles south and 2 miles west of Haysville.							
	Clearwater		State: KS	ZIP: 67026									
3 LOCATE WITH "X				PLETED W	ELL:						((decimal degrees)	
SECTION BOX: Depth(s) Groundwat 2) ft.					or4) [ft.] Dry Well	L01	Longitude: -97.374245 (decimal degrees) Horizontal Datum. □ WGS 84 □ NAD 83 ☒ NAD 27					
	N	WELL'S STATIC WATER LEVEL: 3 ■ below land surface, measured on (mo-day above land surface, measured on (mo-day)				ft.	So	Source for Latitude/Longitude: GPS (unit make/model:) (WAAS enabled? Yes No) Land Survey Topographic Map Online Mapper: 6 Elevation: Unknown ft. Ground Level TOC Source: Land Survey GPS Topographic Map Other					
NW							9 12						
w NW	. NE	Pump test data: Well water was not checked					[
		Well water was				pm	[
SW	SE					pm							
1	S mile					ft. and ft.	30						
	TER TO BE	USED AS:					<u> </u>						
1. Domestic:				ater Supply: we			_	-	ield Water Supply:	lease			
☐ Household 6. ☐ Dewatering ☐ Lawn & Garden 7. ☐ Aquifer Re							11. Test Hole: well ID Cased Uncased Geotechnical						
Livesto	Livestock 8. Monitoring: well ID						12. G	12. Geothermal: how many bores?					
2. Irrigati 3. Feedlo	2. Irrigation 9. Environmental Remediation: well												
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Boundary ☐ Inj. 4. ☐ Industrial ☐ Recovery ☐ Injection ☐ Injection ☐ Surface Discharge ☐ Inj. ☐ Other (specify):										ing. of water			
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 CASING JOINTS: ▼ Glued □ Clamped □ Welded □ Threaded □ Other													
Casing diameter 12 in. to 46 ft., Diameter in. to ft., Diameter in. to ft.													
Casing height above land surface 12 in. Weight 12.71 lbs./ft. Wall thickness or gauge No490													
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)													
		☐ Mill Slot ☐ Key Punch		auze Wrapped / ire Wrapped		v Cut ☐							
SCREEN-PER	RFORATED II	NTERVALS: Fro	om 46	ft. to 68	ft., I	rom	ft. to		ft., From			. ft .	
		NTERVALS: Fro		ft. to 72					ft., From			ft.	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 0 ft. to 20 ft., From ft. to ft., From ft. to ft.													
Nearest sou	rce of possib	le contaminatio	on:	_									
Septic T			Lateral Lines Cess Pool		Privy wage Lago	_] Livestock] Fuel Stora		☐ Insect	ticide Sto doned Wa	_	-11	
☐ Watertig	ght Sewer Line	s 🗀 🤅	Seepage Pit	Fee			Fertilizer S		Oil W			***	
Other (Specify) None Known													
10 FROM	TO	L	ITHOLOG		Holli well	FROM	ТО		ΓΗΟ. LOG (cont.)	or PLU	GGIN	G INTERVALS	
	4	Topsoil											
r-		Clay, gray											
		and & gravel, fine to medium								************			
		and, fine to coarse					1	-	•				
	68	Sand & gravel, fir	ie										
68	72	Clay, yellow				Notes:							
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) 06-26-19 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) 07-03-19													
under the business name of Clarke Well & Equipment, Inc. Signature													
Mail	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.												
		St., Suite 420, Top cs izov/waterwell/				Vater Well Ow KSA 82a-121:		ın one te	or your records. Tele			5524. 7/10/2015	