	W	ATER WELL R				Di	vision of Water			
_		Original Record					sources App. No.		Well ID	
	1	LOCATION OF WATER WELL: Fraction County: PRAIT Co. 4NE4SW4			Se Se	ction Number	Township Numb			
ŀ	_				"NE"SW"	NE %	34	T 29 S	R/3 DEXW	
	2	WELL OWNER: L Business:	ast Name: Cr	owd:5	First: Pau LA				(if unknown, distance and	
							direction from nearest town or intersection): If at owner's address, check here: 3 miles West of Sawyer, KS 144 mile Saut			
-		Address:			_ '	-		• •	•	
-		City: CoaTS			ZIP: 67028	7		ile To w	c//	
~	3	LOCATE WELL WITH "X" IN	4 DEPTH	OF COM	PLETED WELL: .	135 f	t. 5 Latitud	e:	(decimal degrees)	
		SECTION BOX: Depth(s) Groundwater Encountered: 1)					ft. Longitude:			
		N 2)					Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27			
-	ſ	WELL'S STATIC WATER LEVEL:					Source f	or Latitude/Longitude		
-		below land surface, measured on (mo-day-				yr). ₽ 1. / ‹~`	☐ GPS)	
	ı	above land surface, measured on (mo-day-						(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map		
	w									
1		Well water was fi				i.				
1		SW SE	hours	pumping	gpm	6 Floretie	m: A	□ Ground Level □ TOC		
١	Ł	S	Estimated Y	(1eld:	578 140	د ۵	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
	ţ.	S Bore Hole Diameter: 19 in. to					Other			
t	7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID								ase		
	[☐ Household 6. ☐ Dewatering: how many wells?								
	-	Lawn & Garden	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
	•	Livestock 8. Monitoring: well ID					12. Geothermal: how many bores?			
١		☐ Irrigation 9. Environmental Remediation: well ID☐ Feedlot ☐ Air Sparge ☐ Soil Vanor F								
		☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E ☐ Industrial ☐ Recovery ☐ Injection								
	Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ⋈ No If yes, date sample was submitted:								.	
r	8 '	TYPE OF CASING	USED: □ S	teel PVC	Other	CASI	NG JOINTS: I	Glued Clamped	□ Welded □ Threaded	
	Cas	8 TYPE OF CASING USED: Steel PVC Other								
1	Cas	asing neight above land surface								
		YPE OF SCREEN OR PERFORATION MATERIAL:								
		☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ Other (Specify)								
ı		☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) CREEN OR PERFORATION OPENINGS ARE:								
		☐ Continuous Slot								
	- 1	□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)								
	SC	CREEN-PERFORATED INTERVALS: From								
<u> </u>	GRAVEL PACK INTERVALS: From ./3.3 ft. to									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
		Septic Tank		ou: Lateral Lines	☐ Pit Privy	П	Livestock Pens	☐ Insectic	ide Storage	
	□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well									
		□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well								
		Other (Specify)	900			00		ft.		
-		FROM TO							DI LIGODIO DIMEDILALO	
H	10	0 5	Sandy	ITHOLOGI		FROM	TO LI	THO, LOG (cont.) or	PLUGGING INTERVALS	
r		5 25		Tomeso	TOP Soil	ļ				
r		25 45	Yellow		* G					
Г		45 55	Fine		and					
		55 80	TAM					· · · · · · · · · · · · · · · · · · ·	.,	
L		80 120	Fine		Sond					
L		120 140 Brown Clay				Notes:				
L							<u> </u>			
H	11	CONTRA CONONIC	OD F 4575.5	MAN TO THE SECOND	CDD MYST C :	i • • • • • • • • • • • • • • • • • • •				
;	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)										
under the business name of Crowd'S Water well Sur. Signature										
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Edwironment, Burden 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.										
	Visi	1000 SW Jackson St. t us at http://www.kdhcks.	, Suite 420, Top	eka, Kansas 66		/ater Well Owi KSA 82a-12		or your records. Telepho	ne 785-296-5524. Revised 7/10/2015	
_	4 191	uo atmip.//www.kumcks.	gov/waterwell/lf	iucx.ntmi		NU 079-17	14		ALCTIOCH YTHULLULD	