WATE	R WELI	RECORD	Form V	VWC-5		Division of V	¥7-4		7			
POrigi	nal Record	Correction	Change	e in Well Use		Resources Ap			*******			
1 LOCA	ATION OF	WATER WEL	L:	Fraction		Section Nur	p. No.	T 1: N	Well ID			
County: Dan 12						/ Kange Number						
2 WELL OWNER: Last Name: Jackson First: Travis Street or Rural Address where well is located (if unknown, distance and												
Busine	SS:			1.0012	direction fro	lirection from nearest town or intersection): If at owner's address, check here:						
Address	Audiess.						TOOLS SOLD TO THE STATE OF THE					
1240 113 (301)										2 4 SOUGH		
3 LOCA	TE WELL			ZIP:67104								
	"X" IN	4 DEPTH	OF COM	PLETED WELL	138	138 ft. 5 Latitude: 37.542858 (decimal degrees)						
SECTI	ON BOX:	Depth(s) Gro	undwater E	ncountered: 1)	ft	T .	naitude.	-00 767050		(decimal degrees)		
	N 2)						rizontal	e:-98, 757052	2	(decimal degrees)		
X							Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
NIN	NE	D shove las	nd surface,	measured on (mo-da	y-yr)		1 GPS (unit make/model:	2:	,		
NW -	NE	Pump test dat	a Well we	, measured on (mo-day-yr)			(1)	WAAS enabled?	l Yes □ N	······)		
l w	+	E after	oumping	Land Survey Topographic Man								
CM	Well wa				ater was fr			Online Mapper: Google Earth Pres				
SW -	SE	after	numping	gpm								
Estimated Yield:!!				gpm			6 Elevation:ft. Ground Level TOC					
S Bore Hole Diameter:				0.5/8 in. to			Source:					
		in. to	ft.	ft. Other								
THE TO BE USED AS:												
House		5. 🔲 1	ublic Wate	r Supply: well ID			Oil Fiel	d Water Supply: 16	ease			
	o. Li Dewatering. now many											
	- Liquitor Reco				charge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
2. 🔲 Irrigat	tion	9. Env	ironmental	Remediation: wall I		. 12. Geo	otherma	d: how many bores	?			
	2. ☐ Irrigation 3. ☐ Feedlot 4. ☐ Industrial 9. Environmental Remediation: well II Air Sparge ☐ Soil Vapor					. a)	Closed]	Loop Horizont	al Vertic	al		
4. Industrial Recovery Injection					Extraction	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
Was a chemical/heataviolagical												
Will Will Historical Mary as 1 1 No												
8 TYPE OF CASING USED. Discussion												
Casing diameter												
Casing height above land surface $\frac{\partial Q}{\partial t}$ in Weight												
1 YPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Fiberglass ☐ FVC ☐ Other (Specific)												
Brass Galvanized Steel Generate tile Galvanized Steel Generate tile												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
Louvered Shutter												
G. G.												
GRAVEL PACK INTERVALS: From .138 ft. to .130 ft., From ft. to ft. From ft. ft. ft. ft. ft. ft. ft. ft. ft.												
Grout Interv	als: From	Neat cen	ient \square C	ement grout Be	entonite [Other						
Nearest sou	rce of possil	ole contamination		., From 35.	ft. to 🙆	ft., Fron	n	ft. to	ft.			
☐ Septic	Tank		eral Lines	☐ Pit Privy								
☐ Sewer 1	Lines	☐ Ces		Sewage La		Livestock P	ens	Insectici	de Storage			
☐ Waterti	ght Sewer L	ines	nage Pit	T Foody and		Fuel Storag Fertilizer St	e	☐ Abandor	ned Water W	ell		
U Other (Specify)							☐ Oil Well	/Gas Well			
10 EPOW	m well?			 Distance from we 	ell?			f.		-		
			HOLOGIC	LUG	FROM	ТО	LITH	O. LOG (cont.) or I	PLUGGING	INTEDMALC		
0	8	Black Clay	TOP SO	1/2				(cont.) of 1	LOGGING	MILKVALS		
8	18	Fine Tan	sand									
	39	Tan Clay										
32	64	Fine Tan	Sand									
lock	80	Tan Clay										
80	130	Coarse Sax	ad Gra	vei								
130	138	Tan Clay	1		Notes:							
			,									
11 CONTE	11 CONTRACTOR'S OR LANDOWNERS GER											
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)												
Kansas Wat	under my jurisdiction and was completed on (mo-day-year)											
under the bu	isiness nam	e of Crocodis	storie	s wall	ici well ket	ord was con	mpleted	d on tmo-day-yea	r)/.4[7.	⊋		
Mail l	white copy al	ong with a fee of \$5.0	0 for each co	nstructed well to: Kan	as Department	of Health		1 May 1				
				12-1367. Mail one to V	Vater Well Own	ner and retain o	one for w	our records Tolonk	785 206 550	ion,		
Visit us at http:	//www.kdhek	s.gov/waterwell/index	html		KSA 82a-12	12	101 y	- 1 coords 1 crepttor	Revised 7/	10/2015		
									/ IDeu //	LUMULU		