WATER WELL R		Form V		Div	ision of Water				
Original Record			e in Well Use		urces App. No.		Well ID		
1 LOCATION OF W	Fraction		tion Number	Township Numb					
County: PRATT 1/4 5€D1/4 NW 1/4 N/W/4 14 T 29 S R 15 □ E ⊠ W									
2 WELL OWNER: Last Name: Brennel First: Lowe !! Street or Rural Address where well is located (if unknown, distance and									
Business: Address: 80010 Sw 110th Ave. direction from nearest town or intersection): If at owner's address, check here: From Courts 6 miles West on sw 90th 57 to 5w110th.									
Address: 80010 Sw 110th Ave. Address: North Hymile To Pasture gate EAST TO Well									
City: COATS		State: K	ZIP: 67028	790007 - 79	, 20170				
3 LOCATE WELL	1 A INCUTE AND PROTECTION AND PROTEC								
WITH "X" IN	4 DEPTH OF COMPLETED WELL:								
SECTION BOX:	2)							27	
IN IN	WELL'S STATIC WATER LEVEL:ft. Source for Latitude/Longitude:							_	
			measured on (mo-day-		GPS (unit make/model:)				
- X NW NE			measured on (mo-day-		(
			ater was ft pumping		☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
W E	anci		ater was f	ne Mapper:					
SW SE	after		_						
	Estimated Y	ield:	gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S	Bore Hole D		2.5% in. to 120						
1 mile in. to ft. Other									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease									
1. Domestic:									
Lawn & Garden	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID				
☑ Livestock	8. Monitoring: well ID								
2. Irrigation	9. Environmental Remediation: well ID							-	
3. Feedlot	_	Air Sparge		extraction			ischarge 🔲 Inj. of Water		
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)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From 100 ft. to 120 ft., From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 120 ft. to 20 ft., From ft. to ft., From ft., From ft., From ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination: Septic Tank									
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) Direction from well?	G90	• • • • • • • • • • • • • • • • • • • •			000	ft		ļ	
Direction from well?		ITHOLOG	Distance from we	FROM			r PLUGGING INTERVA	I S	
				FROM	10 L	THO. LOG (cont.) o	F FLUGGING IN LERVA	ILS_	
8 60		may 1	Top Soil	-				\dashv	
60 75			nall gravel					$\neg \neg$	
	med San	1 8 10	se Rocks	 				\neg	
80 90	Small G		ye rocks	 					
90 110			Mix of Clay	1					
110 120	Grey Cl		THE OF SIMY	Notes:				$\neg \neg$	
110 1.00	31.04 9	7		1					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 🔀 constructed, 🗆 reconstructed, or 🗆 plugged									
l under my jurisdiction and was completed on (mo-day-year) /2-29-16 and this record is true to the best of my-knowledge and belief.									
Kansas Water Well Contractor's License No. 4.7.2 This Water Well Record was completed on (mo-day-year)									
under the business name of									
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.									
1000 SW Jackson St	ng with a fee of S	\$5.00 for <u>eacl</u> eka. Kansas e	h constructed well to: Kan 66612-1367. Mail one to	sas Department Water Well Owr	of Health end En	for your records. Telep	/ater, GWTS Section, hone 785-296-5524.		