WATER WELL RE		Form W			ision of Water			MW8	
Original Record					urces App. No		Well ID		
1 LOCATION OF WA County: Sedgwick	TER WEL		raction IW¼ SW¼ NW¼		tion Number 24	Township Numb		nge Number 2 □ E ■ W	
2 WELL OWNER: Las	t Name: Nels					where well is located			
Business: Mulvane Cooperative Union Clearwater Branch Address: 9700 S. 135th St. W. Address:									
City: Clearwater		State: KS	ZIP: 67026						
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					5 Latitude:				
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longit	tude: 97.496	328	.(decimal degrees)	
N	2)					ntal Datum: WGS 8		83 🗆 NAD 27	
X T T T	below land surface, measured on (mo-day-yr)2/12/1					for Latitude/Longitude S (unit make/model:		,	
NW NE	☐ above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was				■ Land Survey □ Topographic Map				
WE	after hours pumping gpm Well water was ft.				☐ Or	Online Mapper:			
SW SE	after hours pumpinggpm				(71	. 1306.36 -			
	Estimated Yield:gpm				6 Elevat	6 Elevation: 1306.36			
S mile	Bore Hole Diameter: 8.5 in. to 35 ft. and in. to ft.				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:			Supply: well ID		10. 🔲 Oil	Field Water Supply: 1	ease		
☐ Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID				
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID				V8		☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?			
2. Irrigation 9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical				
3. ☐ Feedlot	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction					b) Open Loop Surface Discharge Inj. of Water			
4. Industrial] Recovery	☐ Injection			ner (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									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete Surface Completion 0 -1									
Grout Intervals: From									
Nearest source of possible contamination: □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide 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) Direction from well?									
10 FROM TO		ITHOLOGIC		FROM		LITHO, LOG (cont.) or		GINTERVALS	
	Ity Clay			- 110111		2211101 200 (001111) 01	1200011	CHILDRING	
				Notes:					
11 CONTRACTORIS OR LANDOWNERS CERTIFICATION. TILL									
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) .1/30/18									
Kansas Water Well Contrunder the business name of	actor's Lice	ense No. 585	This Wa	ter Well Reco	ord was com	plete on (monay-v	27 2115/	18	
under the business name of	of ASSOC	IATED ENV	<u>IRONMENTAL JI</u>	NCSig	gnature	WWW.	gruss	<u> </u>	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bare 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.gov/waterwell/index.html KSA 82a-121						c for your records. Telepr		-3524. 1 <u>7/10/2015</u>	

