WAIER WELL R			7 WC-5			ion of Wate			W.11 ID	MW9	
Original Record						rces App. N			Well ID	NY 1	
1 LOCATION OF W	ATER WELL	:	Fraction		Secti	ion Numbe	er	Township Number		nge Number	
County: Sedgwick			SE¼ NW¼ NW¼			24		T 29 S		2 □E ■ W	
2 WELL OWNER: La			First: Jeremy					re well is located (i			
Business: Mulvane C		nion Cle	earwater Branch	direction fr	om ne	arest town or	r inter	section): If at owner's	address,	check here:	
Address: 9700 S. 13	Stin St. VV.										
	. St	ate: KS	ZIP: 67026								
City: Clearwater	T					1					
3 LOCATE WELL	4 DEPTH O	OF COM	PLETED WELL:	35	. ft.	5 Latit	ude:	37.51737		(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1)25 ft.						itud	e: 97.49558	3	(decimal degrees)	
SECTION BOX:	2)	ft. 3) ft., or 4).	Dry Wel	1	Horiz	ontal	Datum: WGS 84	■ NAD	83 NAD 27	
	WELL'S STA	TIC WAT	TER LEVEL: 26	.24 ft.				Latitude/Longitude:			
x	below land surface, measured on (mo-day-yr)2/12/18.)	
NW NE	above land surface, measured on (mo-day-yr)						(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.						■ Land Survey ☐ Topographic Map				
W E	after hours pumping gpm										
SW SE	Well water was ft.										
SW SE	after hours pumping									Havel D TOC	
	Estimated Yield:gpm					Source: Land Survey GPS Topographic Map					
S	Bote Hote Blameter:							Other			
mile			in. to	tt.			ᆜ	Other		***************************************	
7 WELL WATER TO BE USED AS:											
1. Domestic:			ter Supply: well ID					ld Water Supply: leas			
Household			g: how many wells?					well ID			
Lawn & Garden	7. ☐ Aquifer Recharge: well ID										
Livestock								al: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot		Air Sparge		Extraction							
4. Industrial		Recovery						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 2 in to 20 ft., Diameter in to ft., Diameter ft., Diameter in to ft.											
Casing height above land surface in. Weight											
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 .20 ft. to .35 ft. From ft. to ft. From ft. to ft.											
GRAVEL PACK INTERVALS: From 18 ft. to 35 ft., From ft. to ft., From ft. to ft., From ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete Surface Completion 0 -1 Grout Intervals: From 1 ft. to 16 ft., From 16 ft. to 18 ft., From ft.											
Grout Intervals: From											
Nearest source of possible contamination:											
☐ Septic Tank		teral Line				ivestock Pe		☐ Insecticio			
☐ Sewer Lines		ss Pool	☐ Sewage La	agoon		uel Storage		☐ Abandon			
☐ Watertight Sewer Lin		epage Pit			□F	ertilizer Sto	orage	Oil Well/	Gas Well		
☐ Other (Specify)											
									HICCE	O DITERNITE	
10 FROM TO		HOLOC	GIC LOG	FRON	1	TO	LH	HO. LOG (cont.) or P	LUGGIN	GINIERVALS	
0 35 S	Silty Clay			-	+						
					\perp						
					\perp						
				Notes:							
11 001	001	* 1 * 1 * * * * * * * * * * * * * * * *	ODDMIES	<u> </u>		.,					
11 CONTRACTOR'S	OR LANDO	WNER'S	CERTIFICATIO	N: Ihis w R	ater	well was [cc io t	onstructed, ∐ recon	structed,	or plugged	
Wanga Water Wall Care	tractor's Ties	ea on (m	io-day-year) .112V/.1	V	ınd U Dooo	ms record	is tru	te to the best of my	Knoyned 2/15/	ge and belief.	
under my jurisdiction ar Kansas Water Well Con under the business name	of ASSOCIA	マロン といって はっぱっぱっぱっぱっぱっぱっぱい はいい はいしょう しょうしょう しょうしょう しょうしょう しょうしょう しょうしょう はいしょう はいしょう はいしょう はいしょう はいしょう しょうしょう しょう しょうしょう しょう	NVIRONMENTAI	INC	:2 :2	nature	mpte	The state of the s	- Turk	<u></u>	
Mail 1 white conv alo	ng with a fee of \$5		h constructed well to Ka	nsas Denarti	nent o	of Health and	Fnvi	ronment, Rineau of Wate	r. GWTS	Section	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau 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				KSA 82a						7/10/2015	

