WATER WELL R				ision of Water			
	Corriginal Record Correction Change in Well Use		Resources App. No. Well ID Section Number Township Number Range Number				
1 LOCATION OF WATER WELL: Fraction County: Kingman 4504/500 1/25			14	T Z9 S	$R 7 \square E X W$		
2 WELL OWNER	MAN			ral Address w			
2 WELL OWNER: Last Name: PoE First: Ryan Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:							
a what say the second second and the second se							
Address: Address: Address the							
City: KASO State: KS ZIP: 67192							
3 LOCATE WELL WITH "X" IN	4 DEPTH OF COM	PLETED WELL:	4 ft	5 Latitud		(decimal degrees)	
SECTION BOX:	Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)			
N	2) ft. 3) ft., or 4) Dr						
	WELL'S STATIC WATER LEVEL:			Source for Latitude/Longitude:			
NW NE	above land surface.	(T) δ-22	(WAAS enabled? \Box Yes \Box No)				
NW NE	A above land surface, measured on (mo-day-yr).			□ Land Survey □ Topographic Map			
w E		after hours pumping gpm			Online Mapper:		
SW SE	Well water was ft.						
	after hours pumping			6 Elevation:ft. 🗆 Ground Level 🗌 TOC			
	Estimated Yield: Bore Hole Diameter:	ft and	Source: 🗌 Land Survey 📋 GPS 📋 Topographic Map				
1 mile	in. to			Other			
7 'WELL WATER TO BE USED AS:							
1. Domestic:	5. 🗌 Public Wat		10. 🗌 Oil F	10. Oil Field Water Supply: lease			
Household	6. Dewatering: how many wells?						
Lawn & Garden	7. Aquifer Recharge: well ID						
2. Irrigation	8. Monitoring: well ID 9. Environmental Remediation: well ID			 a) Closed Loop			
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extractio			b) Open Loop 🔲 Surface Discharge 🗌 Inj. of Water			
4. 🔲 Industrial							
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 YPVC Other CASING JOINTS: X Glued Other Welded Threaded							
Casing diameter							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
□ Steel □ Fiberglass □ Other (Specify) □ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:							
□ Continuous Slot							
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole) SCREEN-PERFORATED INTERVALS: From							
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft. to							
GRAVEL PACK INTERVALS: From							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
Nearest source of possible contamination: 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							
Direction from well?							
Direction from well? 10 FROM TO				<i></i>		PLUGGING INTERVALS	
	Ben Clay	ac Log	FROM	TO L	TTHO. LOG (cont.) of F	LUGGING INTERVALS	
0 10	TAN CIAY	<u> </u>					
15 35	Fine The S	and					
55 60		se sand				· · · · · · · · · · · · · · · · · · ·	
60 65	Red Shale						
		Notes:					
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water wall was be constructed or plugged							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year).							
Kansas Water Well Contractor's License No 67.2 This Water Well Record was completed on (Ao-day-year) . 7.5.7.8							
under the business name	of Crows's k	atex well.	SJR Si	gnature	Ym // // //		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Etheronment But along 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.kdhcks.gov/waterwell/index.htmi KSA 82a-1212 Revised 7/10/2015							

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