WATER WELL R				vision of Water				
Original Record Correction Change			Resources App. No.			Well ID		
1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number			
County: Kingman 45 4NE 4.			SW 1/4	T 30 S R & DE W W treet or Rural Address where well is located (if unknown, distance and				
2 WELL OWNER: Last Name: Schwar7Z First: Craif Business: 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:								
Address: 9056 Sw 90 Ave mile west of spirey on they 42 /4 mile								
City: Spivey	State: K				<u>u, </u>			
3 LOCATE WELL	4 DEPTH OF CO	MPLETED WELL: .	134 A	5 Latitude		(decimal degrees)		
WITH "X" IN	Depth(s) Groundwater Encountered: 1) ft.			Longitude:(decimal degrees)				
SECTION BOX:	N 2) tt. 3) tt., or 4) \square			Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27				
<u> </u>	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:			
	below land surface, measured on (mo-day-y							
NW NE	E - above land surface, measured on (mo-day-ye Pump test data: Well water was			(
w + w	E after hours pumpinggr			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
	Well water was ft.			Offinie Wapper.				
SW 🌌 SE	after hours pumping gpm			(F)	0.1			
	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S	Bore Hole Diameter: 10.73. in. to			Other				
1 mile in. to								
1. Domestic:		Voter Cumply well ID		10 🗆 🗅 🗀 🖼	ald Water Cumples Inc.	5A		
☐ Household		Water Supply: well ID				se		
Lawn & Garden	6. ☐ Dewatering: how many wells? len 7. ☐ Aquifer Recharge: well ID			11. Test Hole: well ID				
Livestock	8. Monitoring: well ID			12. Geothermal: how many bores?				
2. Irrigation	9. Environmental Remediation: well ID			a) Close	a) Closed Loop			
3. Feedlot					b) Open Loop Surface Discharge Inj. of Water			
4. Industrial		y Injection						
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: See M PVC Other CASING JOINTS: A Glued Clamped Welded Threaded								
8 TYPE OF CASING USED: PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Weight Soc. 26 lbs/ft. Wall thickness or gauge No.								
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 Wranned ☐ Saw Cut ☐ None (Onen Hole)								
SCREEN-PERFORATED INTERVALS: From . ft. to								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Near'est source of prossible contamination: Septic Tank 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 (Specific)								
Direction from well?	77.7	Distance from we	11?		ft.			
10 FROM TO	LITHOL	OGIC LOG	FROM	TO LI	THO. LOG (cont.) or P	LUGGING INTERVALS		
	IAM SAND							
15 135	Red Shale							
			N.					
Notes: Cracles AT 40,65 \$ 80								
11 CONTRACTOR'S OR I ANDOWNED'S CEDITIFICATION. This water well was \$\infty\$ constructed or \Bullet \text{plused}								
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) 8.1.2.2.2. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No								
Kansas Water Well Cont	ractor's License No.	This Wa	ter Well Rec	ord was compl	eted on (mo-day-year	179-11-2020		
under the business name	of Crowdis M	later well s	UR Sig	gnature	Am Proper			
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and the comment, 55.00 for each constructed well to: Kansas Department of Health and the comment, 55.00 for each constructed well to:								
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.s	gov/waterwell/index.html		KSA 82a-12	17		Revised 7/10/2015		