WATER WELL					ision of Water ources App. No	l l	Well ID			
Original Record		Fraction			tion Number			nge Number		
1 LOCATION OF WATER WELL: Fraction County: Clark SE 1/4 SE 1/4 SE 1/4										
2 WELL QWNER:		First:		Street or Ru	ral Address w	here well is locate	d (if unknown	, distance and		
Business: DCP M	: detream	1		direction from	nearest town or i	ntersection): If at owr	er's address,	check here:		
Address: 370 1	7+4 54,			irection from nearest town or intersection): If at owner's address, check here: The third ILO a HWY 34 Near 51 that Sop E. on HUYKA I'MIS, to CR30 go N. Inl. to Co.Rd. on NW Corner						
Address: Suite City: Denve	State	e: CO ZIP:	80202	4mls, to	CR 30 90	N. Inl. to Ca	Rd. on 1	UW Corner		
3 LOCATE WELL						de: 37.20				
WITH "X" IN	4 DEPTH OF	COMPLET	ED WELL: .	π 2.9	. 5 Lantuc	de: 99 58	0770	(decimal degrees)		
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				7. ft. Longitude: ¬99, 580,770 (decimal degrees) Datum: □ WGS 84 🕱 NAD 83 □ NAD 27					
N	WELL'S STATIC WATER LEVEL:									
	☐ below land surface, measured on (mo-day-yr				GPS (unit make/model:)					
NW NE	☐ above land	ed on (mo-day-	уг)							
		Pump test data: Well water wasft. afterhours pumpinggpi				☐ Land Survey ☐ Topographic Map				
W E	апет	s f		Online Mapper: Sogle Earth.						
SW SE	after	after hours pumping gpm				1887	. = -			
<u> </u>	F-414-3 371-13			6 Elevation: 1882 ft. Ground Level TOC						
S	Bore Hole Dian	in. to	ft. and	Source: Land Survey GPS Topographic Map A-Other Gogle Garth						
1 mile1 mile1										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID										
1. Domestic: ☐ Household		ewatering: how				ole: well ID				
Lawn & Garden		well ID		☐ Cased ☐ Uncased ☐ Geotechnical						
Livestock	8. ☐ Mo	8. Monitoring: well ID								
2. 🔲 Irrigation										
3. Feedlot	✓ Air Sparge ☐ Soil Vapor Ext				b) Open Loop Surface Discharge Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? Yes Y 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 3.0 in. Weight 7. lbs./ft. Wall thickness or gauge No. Set 40.										
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)										
SCREEN-PERFORATED INTERVALS: From										
GRAVEL PACK INTERVALS: From30. ft. to40. ft., From ft. to ft., From ft.										
9 GROUT MATERIAL: Neat cement										
Grout Intervals: From 6 2 ft. to 28 ft., From 6 28 ft., From 6 ft. to ft. to ft.										
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										
☐ Sewer Lines☐ Watertight Sewer L		page Pit	☐ Sewage La		Fertilizer Stor		Well/Gas Well			
■ Other (Specify)										
Direction from well?	100	D	istance from w	ell? 5.0 .	47.h		ft.			
10 FROM TO	LIT	<u>HOLOGIC LO</u>	G	FROM	TO	LITHO. LOG (cont.)	or PLUGGIN	IG INTERVALS		
0 9		- Sana						····		
9 12		n - 5:1+	y 5and							
12 14.5	Red Brow	clay n - Siltu	. 01-		 					
14.5 22		n - Silty n - Clayed						9W-Y		
72 38 38 40	Red Brown		Sand	7						
30 70	1000		<u> </u>	Notes:	<u> </u>	-00-100-0				
								- Committee		
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\bigcirc \) constructed, \(\pi \) reconstructed, or \(\pi \) plugged										
under my jurisdiction and was completed on (mo-day-year) i i i and this record is true to the best of my knowledge and belief. Various Water Well Contractor's License No. 626 This Water Well Record was completed on (mo-day-year) 1/20/13										
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)										
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Toneka, Kansas 66612-1367. Telephone (785) 296-3565.										
Department of	Jealth and Environment	Bureau of Water Ge	enlogy Section 100	0 SW Jackson St	Suite 420. Toneka	. Kansas 66612-1367 Tele	ennone (785) 296	- 1000.		

KSA 82a-1212

Visit us at http://www.kdheks.gov/waterwell/index.html

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