		RECORD	Form V			vision of Wate	4			MW-1			
		Correction		e in Well Use		sources App. N			Well ID				
				Fraction						ge Number			
	: Seward		SE 1/4 SE 1/4 SE 1/4										
2 WELL Business:		Last Name: COX	First: Maria	Street or Rural Address where well is located (if unknown, distance and									
Address: P.O. Box 551					direction from nearest town or intersection): If at owner's address, check here:								
Address:	1 . <b>O</b> . <b>D</b> OX			302 Main Street, Kismet									
City:	Plains	<del></del>	ZIP: 67869		<del></del>								
3 LOCAT		4 DEPTH	OF COM	PLETED WELL:	300 ft. 5 Latitude: 37.19940 (decimal degrees)								
WITH "		Depth(s) Gr	ft.	ft. Longitude: 100.69995 (decimal degrees)									
	2)						ontal Datum	<u>1:</u> □ WGS 8	4 □ NAD	83 🗆 NAD 27			
		WELL'S ST	TER LEVEL:201		Source		de/Longitude	•					
'	below land surface, measured o									)			
			☐ above land surface, measured on (mo-day-yr ump test data: Well water was ft.			(WAAS enabled?  Yes Mo)  Land Survey  Topographic Map				10)			
			fter hours pumping gpi			Online Mapper:							
1	Well wa			ater was	ft.								
anter			hours	pumping	gpm	6 Flore	6 Elevation: 2771.79ft. ☐ Ground Level ■ TOC						
			ield:	gpm	Δ1								
mile  Other													
1. Domestic:				ter Supply: well ID		10. □ Oi	l Field Wat	er Supply: 1	ease	••••••			
☐ Housel	Household 6. ☐ Dewatering: how many wells?.												
. = .	☐ Lawn & Garden ☐ Livestock  7. ☐ Aquifer Recharge: well ID					. 🗆 Ca		ncased $\square$					
. —								w many bore					
3. Feedlo	. ☐ Irrigation 9. Environmental Remediation: well l . ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor							☐ Horizon					
4. Industr			Recovery	•	Extraction		b) Open Loop ☐ Surface Discharge ☐ Inj. of Water  13. ☐ Other (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													
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other													
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 ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)													
SCREEN-PERFORATED INTERVALS: From													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other													
Grout Intervals: From													
☐ Septic			i <b>on:</b> Lateral Line	s 🔲 Pit Privy	Г	Livestock Pe	me	□ Incecti	icide Storage				
Sewer			Cess Pool	☐ Sewage L		Fuel Storage			loned Water				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify)													
10 FROM	TO		ITHOLOG	Distance from v		ТО				C DITEDUAL C			
0	0.5	Gravel	LITHOLO	JIC LUG	FROM 170		<del></del>	ce caliche		IG INTERVALS			
0.5	16	Backfill (grav	vel sand	clavev silt)	200			ice caliche					
16	33	Clay, trace of		Giayoy Siit/	295		Clay	ice callelle	and clay				
33	53	Clay with ca				1001	Jiuy						
53	60		Clay, caliche and sand										
60	83		Gravelly sand										
83	94		Clay and caliche, sand			Notes: Kismet General Store; KDHE project code: U1-088-14952							
94 140 Sand, trace gravel													
140 170 Sand, trace gravel, clay and pebbles													
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) .8/30/18 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 881 This Water Well Record was completed on (my-day-year) 2/19/19													
under the business name of Woofter Pump & Well.  Signature Super S													
Mail	1 white copy a	long with a fee of	\$5.00 for eac	ch constructed well to: K	ansas Departme	nt of Health and	Environmen	nt, Bureau of V	Vater, GWTS	Section,			
1000	0 SW Jackson	St., Suite 420, To	peka, Kansas	66612-1367. Mail one to	Water Well O	wner and retain			hone 785-296	5-5524.			
Visit us at htt	p://www.kdhe	ks.gov/waterwell/	index.html	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-1212  Revised 7/10/2015									

