WATER WELL I			sion of Water			MW8	
Original Record			irces App. No.	m 1: 37 1	Well ID	37 1	
1 LOCATION OF V			ion Number	Township Numb		ge Number	
County: Morton         NE¼ SW¼ SE¼ SE¼         7         T 33 S         R 43 □ E ■ W							
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and							
Business: Kansas Dept of Health & Environment  Address: 1000 SW Jackson Suite 420							
Address: 1000 SW Jackson, Suite 420 Address: NW corner of intersection of P Blvd. & Road 2, Richfield							
City: Topeka	State: KS ZIP: 66612-1367						
3 LOCATE WELL		16E 0		27 1961	<u> </u>		
WITH "X" IN	4 DEPTH OF COMPLETED WELL:		5 Latitude	37.1861	(	(decimal degrees)	
SECTION BOX:	SECTION BOX: Depth(s) Groundwater Encountered: 1)			le: -102.02	<i>₹3.</i> /(	(decimal degrees)	
N	2)			Datum: WGS 84 Latitude/Longitude	4 BINAD 8	33 □ NAD 27	
	below land surface, measured on (mo-day-yr)					,	
	NW NE above land surface, measured on (mo-day-yr)			☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)			
I NW NE	Pump test data: Well water was	■ Land Survey □ Topographic Map					
w  -  e		after hours pumping gpm					
	Well water was						
SW SE	after hours pumping						
	Estimated Yield:gpm		Source: Land Survey GPS Topographic Map				
S  1 mile	Bore Hole Diameter: 8.75 in. to 168	ft. and		Other			
7 WELL WATER TO 1. Domestic:			10 🗆 🗠 🕾	1d Watan C1 1	2002		
☐ Household	5. Daystoring how many walls?			eld Water Supply: le			
Lawn & Garden				11. Test Hole: well ID Geotechnical ☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock	7. ☐ Aquifer Recharge: well ID						
2. Irrigation	9. Environmental Remediation: well II			Loop  Horizont			
3. Feedlot	☐ Air Sparge ☐ Soil Vapor I			Loop  Surface Di			
4. Industrial	☐ Recovery ☐ Injection			(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 JOINTS: Glued Clamped Welded Threaded							
Casing diameter							
Casing height above land surface 30.72 in. Weight lbs./ft. Wall thickness or gauge No. Sch. 80.							
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: From145 ft. to							
GRAVEL PACK INTERVALS: From141 ft. to168 ft., From ft. to ft., From ft. to ft.							
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ■ Other Concrete							
Grout Intervals: From 0 ft. to ft., From ft. to ft., From ft. to ft.							
Nearest source of possible contamination:   □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage							
1 _ ' = ' = ' = ' = ' = ' = ' = ' = ' = '							
□ Sewer Lines       □ Cess Pool       □ Sewage Lagoon       □ Fuel Storage       □ Abandoned Water Well         □ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well							
Other (Specify)							
Direction from well?							
10 FROM TO	LITHOLOGIC LOG	FROM		HO. LOG (cont.) or		GINTERVALS	
0 0.25	Topsoil			, , ,			
0.25 14	Clay w/gravel						
14 27	Clay						
27 32	Caliche						
32 50	Clay	1	1				
50 77.5	Sand and Clay	<del>                                     </del>					
77.5 108	Sand	Notes: Sit	e: Golden Spre	ad Energy, Elkhart, K	(S		
108 133	and and Gravel KDHE Project Code C1-065-00013						
133 168 Clay and Gravel							
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) .1/16/2021 and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. 52/ This Water Well Record was completed on (pao-day-year) 2/25/2021							
under the business name of GeoCore, LLC. Signature							
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of 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.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015							