			Form V			ivision of			Well ID	MW-2AA	
Original Record Correct: 1 LOCATION OF WATER V						sources Apection Nu		Township Number Range Number		ge Number	
				NE ¼ NE ¼ SW ½							
2 WELL	OWNER:		L	ural Addı	al Address where well is located (if unknown, distance and						
Business	Norks	direction from nearest town or intersection): If at owner's address, check here:									
Address: Address:	a	12890 U.S. Highway 281									
City:	ZIP: 67104			,							
WITH '		Depth(s) Gr	oundwater I	Encountered: 1)?		11. 5 L	5 Latitude: 37.11260° (decimal degrees) Longitude: -98.56441° (decimal degrees)				
l .	SECTION BOX: Depth(s) Groundwater Encountered: 1). 2)					H	ongitud	al Datum: DWGS 8	.⊤.!	(decimal degrees)	
WELL'S STATIC WATER LEVEL:					ft.	$\frac{\overline{S}}{S}$	Source for Latitude/Longitude:				
	below land surface, me				-yr)5/12/2	?	☐ GPS	(unit make/model:	Garmin / e		
NW	above land surface, measured on (m					- 1	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
w							Online Mapper:				
		ater was	it.								
× _w	SW SE after hours pumping					gpm 6 Elevation: 1,438ft. ■ Ground Level □ To				1 Level □ TOC	
	Estimated Yield:gpm S Bore Hole Diameter:6.25 in. to							☐ Land Survey ☐ GPS ■ Topographic Map			
	1 mile in. to										
7 WELL WATER TO BE USED AS:											
1. Domestic			ter Supply: well ID								
	☐ Household 6. ☐ Dewatering: how many well 7. ☐ A swifts Packerson well ID						11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID ☐ Livestock 8. ■ Monitoring: well ID					☐ Cased ☐ Uncased ☐ Geotechnical -2AA 12. Geothermal: how many bores?					
	2. ☐ Irrigation 9. Environmental Remediation: well										
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Va										
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:											
Water well disinfected? Yes No CASDIC JODIES, D.C. D. W. 11-1 D											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 2 in to 40.2 ft Diameter in to ft Diam											
Casing diameter 2 in. to 40.2 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 40 in. Weight lbs./ft. Wall thickness or gauge No. Sch. 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)											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From10.2 ft. to .40.2 ft., From ft. to ft. ft. from ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
☐ Septic			Lateral Lines	B ☐ Pit Privy	[Livestoc	k Pens	☐ Insecti	cide Storage		
☐ Sewer	Lines		Cess Pool	Sewage La		Fuel Sto			oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
Other (Specify) MSW.Cell (under construction) Direction from well? .150 Distance from well? .South ft.											
10 FROM	TO		ITHOLOG		FROM	ТО		THO. LOG (cont.) or		G INTERVALS	
0	3			ight red-brown				, , , , , , , , , , , , , , , , , , , ,			
3	8.5	Sandy, silty									
8.5	40			andstone, red-			_		•		
				spots and gypsun	1	-					
		veins below	∠o ieet			-	_				
					Notes:		.3	3-			
	11000										
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) .5/9/2023 and this record is true to the best of my knowledge and belief.											
under my j	urisdiction a	ind was compl	eted on (m	o-day-year) .5/9/20 16 This W	49an	d this reco	ord is tr	rue to the best of m	y knowled	ge and belief.	
Kansas Water Well Contractor's License No. 4.16											
Mail	1 white copy al	ong with a fee of	\$5.00 for <u>eacl</u>	constructed well to: Ka	nsas Departme	nt of Health	and Env	ironment, Bureau of W	ater, GWTS	Section,	
				66612-1367. Mail one to			ain one fo	or your records. Teleph			
Visit us at http	o://www.kdhek	s.gov/waterwell/i	ndex.html		KSA 82a-1	212			Revised	7/10/2015	