	LL RECORD	Form W			ision of Water		MW-13		
		Change			urces App. No.	T 1: N 1	Well ID Well		
County: Sn	OF WATER WEL		Fraction NW ¼ SW ¼ NE ¼		tion Number 22	Township Numb	er Range Number R 13 □ E ■ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distant direction from nearest town or intersection): If at owner's address, check									
Address: 119									
Address: Address: ROW south of 505 E. Hwy 36, Smith Center							er		
City: Smith Center State: KS ZP: 66967					1				
3 LOCATE WE WITH "X" IN		OF COMI	30 ft	5 Latitud	e: 39.7846	57 (decimal degrees)			
SECTION BOX: Depth(s) Groundwater Encountered: 1)							(decimal degrees)		
N 2) ft. 3) ft., or 4) \[Dry Well	Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27				
WELL'S STATIC WATER LEVEL:2					Source for Latitude/Longitude:				
x '	below la	neasured on (mo-day-			GPS (unit make/model: Spectra SP85				
NW NE	neasured on (mo-day-		(WAAS enabled? ☐ Yes ■ No)						
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
1 1 ' 1 '	Well water was ft.								
SW SE	SW SE after hours pumping								
Estimated Yield:			gpm 30		6 Elevatio	6 Elevation: 1816.18ft. ☐ Ground Level ■ TOC Source: ■ Land Survey ☐ GPS ☐ Topographic Map			
S	Bore Hole D	.75 _{in to} 30	ft. and						
1 mile in. to ft.									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
Household		6. Dewatering: how many wells?				11. Test Hole: well ID			
Lawn & Gar	harge: well ID								
Livestock					12. Geothermal: how many bores?				
2. Irrigation] Irrigation 9. Environmental Remediation: well ID				a) Closed Loop				
				Extraction					
4. Industrial	L	Recovery	☐ Injection		13. ∐ Othe	r (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 CA	ASING USED: 🗆 S	teel PVC	☐ Other	CASII	NG JOINTS:	☐ Glued ☐ Clampe	d Welded Threaded		
Casing diameter									
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									
Nearest source of Septic Tank		o n: Lateral Lines	☐ Pit Privy		Livestock Pens	□ Incecti	oide 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 (Specify) Direction from well? N Distance from well? 240 ft.									
Direction from well? N Distance from well? 240 ft.									
		ITHOLOG	IC LOG	FROM	TO L	ITHO. LOG (cont.) o	r PLUGGING INTERVALS		
0 0.3	Grass/topsoi								
0.3 10.3									
10.3 15.3			edium grained						
15.3 22	Silty Clay, It.		importante II have						
22 30			imestone, lt. brn,						
	streaked With	i gray, ver	y hard after 27	Notes: T	rinity Ag				
 		Notes: Trinity Ag							
KDHE Project Code: U6-092-15171									
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) .9/12/23									
Kansas Water W	ell Contractor's Lice	ense No. 60	74 This Wa	ater Well Red	ord was com	leted on (mo-day-y	rear)		
under the business name of Environmental Priority Services Signature 120 274									
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.									
	ackson St., Suite 420, Top w.kdheks.gov/waterwell/i		bo12-136/. Mail one to	Water Well Ow KSA 82a-12		ior your records. Telep	hone 785-296-5524. Revised 7/10/2015		
v ion uo at intp://ww	w.kuncks.gov/waterwell/l	HUCA.HUIII		180/1 04a-14			11011000 //10/2010		

