	WELL I		1 1 1					MW-26					
		Correction		ge in Well L				irces App. No			Well ID	N. 1	
1 LOCATION OF WATER WELL: Fraction							Secti	ection Number Township Number Range Number 22 T 3 S R 40 □ E ■ W					
County: Cheyenne NW ¼ NW ¼ SW													
2 WELL OWNER: Last Name: First:							Street or Rural Address where well is located (if unknown, distance and						
Business: St. Francis Senior Center Address: P.O. Box 254						direction from nearest town or intersection): If at owner's address, check here:							
Address: P.O. BOX 254 Address:							320 W. Washington, St. Francis						
City:	St. Franc	ie	State: KS	ZIP: 67	756								
3 LOCAT		<u> </u>				22.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
	WITH "X" IN SECTION BOY. 4 DEPTH OF COMPLETED WELL Depth(s) Groundwater Encountered: 1)												
SECTIO	ON BOX:							Longit	ude: .	100.805	13	(decimal degrees)	
2) ft. 3) ft., or 4)[WELL'S STATIC WATER LEVEL:13.							I			atum: WGS 84		83 LI NAD 27	
		WELL S ST	below land surface, measured on (mo-day-y					Source	for La	titude/Longitude:	POCH		
	'		above land surface, measured on (mo-day-y							t make/model: AS enabled?)	
NW	NE		Pump test data: Well water was ft.				••••					,0,	
w	E		after hours pumpingg					☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
' '			Well water was ft.										
×-8w	SE		after hours pumpingg				6 Elevation: 3293.58ft. ☐ Ground Level ■ To					TOC	
		Estimated Y	Estimated Yield:gpm										
1	S		Bore Hole Diameter: 8.25 in. to 24										
	mile			in.	to	ft		<u> </u>		ner			
		D BE USED A											
1. Domestic													
House	g: how many wells?				11. Test Hole: well ID								
	□ Lawn & Garden 7. □ Aquifer Recharge: well □ Livestock 8. ■ Monitoring: well ID						IW-26 12 Goothermal: how				Uncased Geotechnical how many bores?		
2. Irrigati										op Horizont			
3. Feedlo			Air Sparge		Soil Vapor		••••						
4. Industrial Recovery Injection								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:													
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other													
Casing diameter													
Casing height above land surface4 in. Weight lbs./ft. Wall thickness or gauge NoSch. 40													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)													
Brass		vanized Steel	Conc		None	used (open	hole)						
SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous Slot													
_	nuous Slot	Mill Slot o								ner (Specify)		•••••	
CCDEEN E	ered Shutter	Key Punch	ied w	ire wrappe	a ∐ S	aw Cut [_ No	ne (Open Ho	ie)	ft., From	Δ	Δ.	
SCREEN-P	PANCIDA	EU INTERVA	ALS: From	1(4	n. to 2.2.	.Υ π., Fro	m	It. to .		π., From	π. το	II.	
										ft., From			
Great Internal	MAILKI	AL; ☐ Neat c	ement L	Cement gr	out B	entonite [_ Otl	her	• • • • • • •	ft. to	Δ		
Noorest sou	ais: From	π. το le contaminatio	!. <u>.</u>	π., From	• • • • • • • • • • • • • • • • • • • •	. π. το		ft., From		π. το	π.		
Septic			on: Lateral Line		Pit Privy		Пτ	ivestock Pens		☐ Insectic	de Storage		
Sewer 1			Cess Pool		Sewage La			uel Storage		☐ Abando		Well	
☐ Waterti	ight Sewer Li	nes 🗆 S	eepage Pit		Feedyard			ertilizer Stora		☐ Oil Wel		,	
Other (Specify)													
Direction fro	m well?			Dista	ance from w	vell?	<u></u>			ft.			
10 FROM	TO		ITHOLOG			FROM				. LOG (cont.) or	PLUGGING	3 INTERVALS	
		Concrete											
		Sand											
8.0	12.5	Silt											
12.5	24	Sand											
				-									
							Notes: St. Francis Mercantile Equity Exchange						
			ct code: U6-012-14962										
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) .2/20/2020 and this fecord 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 (mo-day-year) 3/26/2020													
Kansas Wa	ter Well Co	ntractor's Lice	nse No.`.8	81	This W	ater Well	Recø	rd was com	reted	on (mo-day-ye	ar) 3/26/2	.020	
under the business name of .Woofter Pump & Well													
Mail	l white copy al	ong with a fee of \$	\$5.00 for <u>eac</u>	h constructed	well to: Ka	nsas Departn	ient o	f Health and Er	nvironn	nent, Bureau of Wa	ter, OWTS S	ection,	
				66612-1367.	Mail one to	Water Well	Owner	rand retain one	for yo	ur records. Telepho	ne /85-296-3	7/10/2015	
Visit us at http	://www.kdhek	s.gov/waterwell/ir	ndex.html			KSA 82a	-121	<u> </u>			Kevised	7/10/2015	