			WWC-5	Division of Water					
Original Record Correction Change in Well Use				Resources App. No. Well ID					
1 LOCATION OF WATER WELL: Fraction County: 05horne Fraction					SE 1/4 Section Number Township Number Range Num				
			- First:		T S S R 13 D E DW Street or Rural Address where well is located (if unknown, distance and				
Business	:	Last Name: Schult2#	FIRST ERIC		ection from nearest town or intersection): If at owner's address, check here:				
Address:		1218061	F-rom	From Osbeine bon South on 281 to COHOUDE than west					
Address:		1 / 2		+0 5,	140th AVE	, Societion 140th 14	2m wcas	tinto.	
City:		Shorne State: 165							
3 LOCAT WITH "		4 DEPTH OF COM	1PLETED WELL: .	<i>50</i> ft	t. 5 Latitude:(decimal degrees)				
1	ON BOX:	Depth(s) Groundwater			I	itude:			
i	N	2) ft.			n: 🗌 WGS 84 🔲 NA				
	WELL'S STATIC WATER LEVEL:					e for Latitude/Longitude	-		
.'	□ below land surface, measured on (mo-day-					GPS (unit make/model:			
NW	NE	Pump test data: Well v			i	(WAAS enabled?		10)	
w 						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
'	1 ' 1		vater was 1						
			s pumping	gpm	6 Flores	ation. D	П С	LII TOC	
Estimated Yield:			gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
S Bore Hole Diameter:9					Source	Other			
1 mile in. to ft. Uther									
1. Domestic: 5. Public Water Supply: well ID									
	Household 6. Dewatering: how many wells?								
. —	& Garden	7. 🗌 Aquifer R		☐ Cased ☐ Uncased ☐ Geotechnical					
Livest	ock	8. Monitorin	g: well ID		12. Geotl	hermal: how many bore	s?		
2. Irrigat			al Remediation: well II						
	3. Feedlot Air Sparge Soil Vapor Ex					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
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									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
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)									
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft.									
		CK INTERVALS: From							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
		5 ft. to 3	. ft., From	ft. to	ft., From	ft. to	ft.		
		le contamination:		_					
☐ Septic☐ Sewer		☐ Lateral Line ☐ Cess Pool			☐ Livestock Pens ☐ Insecticide Storage on ☐ Fuel Storage ☐ Abandoned Water Well				
					Fuel Storage			Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well									
Direction from well? Pasture Distance from well? ft.									
10 FROM	TO	LITHOLOG		FROM		LITHO. LOG (cont.) or		G INTERVALS	
0	3	TOPSOIL		0	3	TOPSOIL			
3	20	Linestone She	4			(Test Hold	·) Plu	rged	
20	50	shake		50	3	Bentenite	/ //	<u> </u>	
				Notos					
		Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged									
under my j	urisdiction a	nd was completed on (m	10-day-year) ./ //	. <i>-:!</i> and	this record i	is true to the best of m	y knowledg	ge and belief.	
Kansas Wa	iter Well Co	ntractor's License No	.7.7.6 This Wa	iter Well Rec	ord was cor	npleted on (mo-day-y	ear)	25-14	
		e ofKunny							
INSTRUCTIONS: Send one copy to WATER WELLOWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.									

KSA 82a-1212

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Visit us at http://www.kdheks.gov/waterwell/index.html