			Form \				Division of W					
		Correction [		ge in Well			esources App			Well ID	<u> </u>	
1 LOCATION OF WATER W County: SHERMAN			<b>.:</b>	Fractio			ection Num	iber	Township Numb		nge Number	
A TIME I CITETION												
OACT CENTER IN COMMING DISTANCE AND												
	Address: 1620 S. FRIENDSWOOD DR.											
Address:												
City: SHARON SPRINGS State: KS ZIP: 67758												
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:											
	SECTION BOX: Depth(s) Groundwater Encountered: 1)15											
2) ft. 3) ft., or 4) [						Dry Well Horizontal Datum: TWGS 94 T NAD 92 T NAD 9					(decimal degrees)	
WELL'S STATIC WATER LE					'EL:1.5	3 ft.	Sou	rce for	or Latitude/Longitude:			
		☐ below lan	below land surface, measured on (mo-day-yr).				I 🗆 🗆	GPS (	unit make/model:	, 		
NW -	NE	☐ above lan	above land surface, measured on (mo-day-yr)				••• ]	Ò	WAAS enabled?	Yes □ N	10)	
		Pump test data	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map				
W	E	and	Well water was ft.					☐ Online Mapper:				
SW	SE	after	after hours pumping gpm								<del></del>	
		Estimated Yie	Estimated Yield:38gpm				6 Elevation:ft. Ground Level TOC				Level TOC	
1	S	Bore Hole Dia	Bore Hole Diameter: .9.778 in to 260				Sou	Land Survey [ ]	GPS 🗀 To	pographic Map		
i milei m. to												
7 WELL WATER TO BE USED AS:												
1. Domestic								10. Oil Field Water Supply: lease				
	Household       6. □ Dewatering: how many wells?         Lawn & Garden       7. □ Aquifer Recharge: well ID											
		7. LL A	Aquiter Re	charge: v	well ID	• • • • • • • • • • • • • • • • • • • •			Uncased (			
2. Irrigat	☐ Livestock ☐ Irrigation  8. ☐ Monitoring: well ID								al: how many bores			
3. Feedle		9. Ellv	ir Sparce	u Kemean	anon: Wen IL	) Extraction		Closed	Loop Horizont	al □ Verti	cal	
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E.   4. ☐ Industrial ☐ Recovery ☐ Injection						extraction	12 🖼	b) Open Loop Surface Discharge Inj. of Water				
The one (specify). Here with the specific control of the control o												
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 4.1/2 in to 260 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface in. Weight SCH 40 lbs./ft. Wall thickness or gauge No. 248.												
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 Wranged    Saw Cut     None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From 220 ft to 260 ft From ft to ft From ft to ft From ft to ft From ft to ft												
GRAVEL PACK INTERVALS: From												
Y GRUUI MAILKIAL: Neat cement   Cement grout   Rentonite   Other												
Grout Intervals: From												
rearest source of possible contamination:												
☐ Septic☐ Sewer		☐ Lat	eral Lines		Pit Privy		Livestock F		☐ Insectic			
					] Sewage Lag ] Feedyard	-	Fuel Storag			ned Water V	Vell	
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well  ☐ Other (Specify) NONE IN VIEW											
Direction from well?												
10 FROM	TO	LIT	HOLOG	IC LOG		FROM	ТО	LIT	HO. LOG (cont.) or	PLUGGING	INTERVALS	
0	40	CLAY						† <u></u>	0 (5011.) 01	- 20001110	· ** 1 * THE 1 (1772)	
40	60	CLAY, HARD S	SAND, G	RAVEL			1	1				
60	80	CLAY, SAND,	GRAVE	L	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>					
80	120	SAND, GRAVE	ND, GRAVEL			<u> </u>	<b>†</b>		· · · · · · · · · · · · · · · · · · ·			
120	140	CLAY, HARD S	AY, HARD SAND, GRAVEL			· · · · · · · · · · · · · · · · · · ·						
140	160	SAND, GRAVE						<b>†</b>				
160	200		ARD SAND, SANDSTONE			Notes:						
200	) 252 GRAVEL											
252   260   SHALE												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged												
ander my n	under my jurisdiction and was completed on (mo-day-year) .1.1/30/20.15 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 894											
Nansas wa	ter weilt o	ntractor's Licens	e Na Os	74	Thic Wat	ar Wall Da	ooed was on		ad am ( d i.	- x 49/907	2045 /	
unuel ule D	usiness nam	COLOCULANALI	USVILLIN		PANT	<u>Q</u> .	ianature /.		145 - A C V//	11/1/1/2	2//	
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, 6WTS 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 hun	://www.kdhek	s.gov/waterwell/inde	, rans <b>as o</b> c x himi	0012-130/	A OI SHO LLBLYA .	Ater Well Ow SA 82a-12	ner and retain :	one for	your records. Telepho			
	- Conek				<u></u>	10/1 04a-1	-14			<b>Revised</b>	7/10/2015	