WATE	R WEL	L RECORD	Form W	WC-5	Div	vision of Water	r Resources App. N			
1 LOC	ATION	OF WATER WELL:	Fraction		Section	n Number	Township No.	Range Number		
County: Rush		1/4 NW 1/4 SE 1/4 SW 1/4			23	T 18 S	R 17 □E ☑W			
Count	/D1 A	Janes of Wall I postion;		Global Positioning System (GPS) information:						
	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here							(in decimal degrees)		
,		own or intersection: If at o	owner's address, check	Latitude:						
Timk	Timken, KS					i =				
							Elevation:			
2 33/47	CED W	ELL OWNER: Gene M					4, □ NAD 83, □	NAD 27		
1					Collec	tion Method:	/\	,		
RR#, Street Address, Box #: 2331 Cleveland City, State, ZIP Code : Great Bend KS 67530						☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey				
City,	State, Z	IP Code : Great B	end, KS 67530			ngitai Map/Ph	oto, 🔲 ropograpii	15 15 m \square >15 m		
Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m										
3 LOCATE WELL 4 DEPOTE OF COMPLETED WELL 151										
	WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 151 ft.									
SECT	TION BOX: N Depth(s) Groundwater Encountered (1).90 ft. (2)									
	N WELL'S STATIC WATER LEVEL90ft. below land surface measured on mo/day/yr1.10.1(13									
	Pump test data: Well water wasft. after hours pumping gpm									
N. 1	EST. YIELD. 15gpm. Well water was									
w NY	The state of the s									
" →	WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well									
'	'	Domestic	☐ Feedlot ☐ □	- Oil field wate	er supply	v De	watering \square	Other (Specify below)		
SW	SWSE									
		Was a shamisal	hacterialogical sample	submitted to	Denart	ment?	Ves 17 No			
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted										
,	S 1 mile				• • • • • • • • • •					
1 mile Water well disinfected? ✓ Yes □ No										
5 TYPE OF CASING USED: Steel PVC Other										
CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter .5 in. to .11.1 ft., Diameter in. to ft.										
Casing diameter .v										
Casing height above land surface. 12 in., Weight 2.8lbs./ft., Wall thickness or gauge NoSch. 40										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)										
Brass Galvanized Steel None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)										
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)										
SCREEN-PERFORATED INTERVALS: From. 111 ft. to151 ft., From										
From										
	GRAV.									
			From	ft. to		ft., From	ft.	to ft.		
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other										
Grout In	tervals:	From .0 ft. to	23 ft From	·	ft. to	_ ft	From	ft. toft.		
						,				
What is the nearest source of possible contamination: Septic tank										
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well							nor (opening serow)			
		ht sewer lines		Fertilizer s		Oil well/ga		d		
Direc	tion fro	n well Northwest								
			TC I OC		TO			UGGING INTERVALS		
FROM	TO	LITHOLOG	IIC LOU	FROM	10	LITTO, L	OO (COIII.) OI FLI	POOTIO HAIPWAVED		
0	1	top soil		1						
1	17	clay								
17	110	sand and gravel								
110	151	sand rock with shale								
110		shale bottom								
		Shale bottom		 - - - - - - - - 						
				 						
				 						
				1						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ✓ constructed, ☐ reconstructed, or ☐ plugged										
under my jurisdiction and was completed on (mo/day/year) .1.1/0.1/13 and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/year) .11/07/13										
under the business name of Kelly's Water Well Service Inc. by (signature) Kaltuyas Littuyas L										
under th	e pusine	Use typewriter or ball point per	ALTAR DEED FIRM	Vand DDDT -	oorly Di-	ngnature)	s and check the correct	et ancivere. Send one come to		
INSTRU	LHUNS:	Use typewriter or pail point per	i. <u>FLEASE FRESS FIRML</u> ment Bureau of Water Geo	Lanu <u>FRINI</u> Cl	000 SW	lackson St. Suit	e 420. Toneka Kans	as 66612-1367.		
Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at										
Leichilo	/ 63-27	SULT. Dend one copy to WAL	http://www.kdheks.go							
			NA NA NA NA PARAMANA							