7	WATEI	R WEI	L RECORD	Form W	WC-5	Div	vision of Wate	r Resources App. N	o. 47,963	
	1 LOC	ATION	OF WATER WELL:	Fraction			n Number		Range Number	
	Coun	ty: Ma:	rion	1/4 SW 1/4 SE	E 1/4 SE 1/4	2:	2	T 18 S	R2 XE W	
				if unknown, distance & direction	Global Positioning System (GPS) information:					
	from	from nearest town or intersection: If at owner's address, check here .					Latitude: (in decimal degrees)			
ĺ	2 m	niles :	South & 1-3/4 mile	East of Durham	East of Durham, KS		Longitude: (in decimal degrees)			
							Elevation:			
-	2 WAT	ricio XX/I	ELL OWNER: Jost			Datum: WGS 84, NAD 83, NAD 27				
				: Farms   K-15 Hwy			Collection Method:  GPS unit (Make/Model:)			
				sboro, KS 67063			Digital Map/Photo, Topographic Map, Land Survey			
	010),	2000, 2	. III.I	SDOLO, NO 07003	•				5-15 m, $\square > 15$ m	
	3 LOCA	ATE WE	LL				•	2 Exceed / Exceed	J. Sansard	
		I AN "X		COMPLETED WEL						
SECTION BOX: Depth(s) Groundwater Encountered (1)10								ft. (	3) ft.	
N WELL'S STATIC WATER LEVEL10ft. below land surface measured of										
Pump test data: Well water was ft. after hours pun EST. YIELD 300-400gpm. Well water was ft. after hours pur								hours pum	ping gpm	
								ping gpm		
ŀ	W Bore Hole Diameter 18 in. to									
	WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify be Industrial ☐ Domestic-lawn & garden ☐ Monitoring well									
	Was a chemical/bacteriological sample submitted to Department? Yes Y No									
	S If yes, mo/day/yr sample was submitted									
5 TYPE OF CASING USED: Steel X PVC Other										
CASING JOINTS: X Glued Clamped Welded Threaded Casing diameter 10 in. to 55 ft., Diameter in. to ft., Diameter in. to Casing height above land surface 12 in., Weight 8.878 lbs./ft., Wall thickness or gauge No. 41 TYPE OF SCREEN OR PERFORATION MATERIAL:								in to ft		
								413		
								0		
	Steel Stainless Steel PVC Other (Specify)									
	Brass Galvanized Steel X None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:										
Ì	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. ft. to ft., From ft. to  GRAVEL PACK INTERVALS: From. 20 ft. to ft., From ft. to  From. ft. to ft., From ft. to								e)	
İ									to #	
									to ft	
									to ff	
									to ft	
6 GROUT MATERIAL: Neat cement X Cement grout Bentonite Qther.										
Grout Intervals: From 0 ft. to 20 ft. From 52 ft. to 55 ft. From								ft. toft.		
	What is	hat is the nearest source of possible contamination: None within 1/4 mile								
Septic tank Lateral lines Pit privy Livestock pens Insecticide storage									er (specify below)	
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well										
	Direce	☐ Watertight sewer lines       ☐ Seepage pit       ☐ Feedyard       ☐ Fertilizer separation from well         Direction from well       ☐ Distance					torage UOil well/gas well from well			
-	FROM	ТО	LITHOLOC	ar rog	FROM	TO TO			IGGING INTERVALS	
-	0	3	Topsoil	IN LOU	LKOM	10	LITTO, LA	oo (com.) or PLC	OULIO INTEKVALS	
-	3	8	Clay, tan							
-	8	14	Clay, can Clay, sandy tan							
-	14	23	Clay, gray							
ŀ	23	55	Shale, gray				***************************************			
+	55	59	Limestone, hard							
59			Fractured Limesto	one - Watto						
	59.5	64	Limestone, Hard	The state of the s						
r	J, 8 J									
-	****									
-	7 CONT	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \( \bigcirc \) constructed, \( \subseteq \) reconstructed, or \( \subseteq \) plugged								
	under m	y jurisdi	ction and was completed of	on (mo/day/year) .4/	3/12 at	nd this re	ecord is true	to the best of my l	cnowledge and belief.	
	Kansas V		ell Contractor's License N	Io138 This	This Water Well Record was completed on (mg/day/kear) 4/5/12					
	under the	e busine	ss name ofPeterson.	Irrigation, Inc	<b>3.</b>	by (s	ignature)	I Hope Deter	Drawn	
Ì	INSTRUC	CTIONS:	Use typewriter or ball point per	ı. <i>PLEASE PRESS FIRML</i>	Y and PRINT clo	early. Plea	ase fill in blanks	s and check the correct	et answers. Send three copies	
			o Kansas Department of Health 5524. Send one copy to WAT							
			ov/waterwell/index.html.	WINDLY O WINDLY AND	rotam one for y	our recon	as. menude <u>let</u>	or abroad for each (	constructed went. Visit us at	