WATER WELL		WWC-5		sion of Water			
Original Record		ge in Well Use		urces App. No.		Well ID	
1 LOCATION OF WATER WELL: Fraction			Sect	ection Number   Township Number   Range Number			
County: Marion 45w45w4 20 T 2/S R/ DE W							
2 WELL OWNER: Last Name:  Business: Hiebert Nation  Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:							
XAddress: Elmo 3+ 2 South of browse on the state of							
K City: Goesse	State: Ke	S ZIP:67053	-1	$\nu$	Alam	0	
3 LOCATE WELL			1.1	T			
WITH "X" IN	4 DEPTH OF COMPLETED WELL:						
SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft.				Longitude:(decimal degrees)		
N	2) ft. 3) ft., or 4) \( \square \) Dry Well				Datum: WGS 84 NAD 83 NAD 27		
	WELL'S STATIC WATER LEVEL:ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)				GPS (unit make/model:)		
NW NE	Pump test data: Well water was						
				☐ Land Survey ☐ Topographic Map			
W E	after hours pumping					• • • • • • • • • • • • • • • • • • • •	
SW SE	afterhours pumpinggpm						
	Estimated Yield:						
S	Bore Hole Diameter:	9 in. to 60	ft. and	Source:	Land Survey 🔲 🤇	GPS     Topographic Map	
1 mile		in. to			] Other		
7 WELL WATER TO BE USED AS:							
1. Domestic:	5. 🗌 Public W	ater Supply: well ID		10. 🔲 Oil Fi	eld Water Supply: le	ease	
☐ Høusehold	6. Dewater	ing: how many wells?			e: well ID		
Lawn & Garden		Recharge: well ID		☐ Cased	☐ Uncased ☐ (	Geotechnical	
☐ Livestock		ng: well ID			nal: how many bores		
2. Irrigation	9. Environmental Remediation: well ID						
3. ☐ Feedlot	☐ Air Spar		Extraction			scharge	
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? Ves  No							
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded							
Casing diameter							
Casing diameter							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ FVC ☐ 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 Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From							
O COOLT MATERIAL. D Not count D Comment of D Destrict D Od							
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other Grout Intervals: From ft. to ft., From ft. to ft.							
Grout Intervals: From							
Nearest source of possible contamination:   Septic Tank							
Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well							
Watertight Sewer Lines   Seepage Pit   Feedyard   Fertilizer Storage   Oil Well/Gas Well							
Other (Specify)							
Direction from well? Distance from well? Mill Be 100 + ft.							
10 FROM TO	LITHOLO	GIC,LOG	FROM	TO LIT	HO. LOG (cont.) or	PLUGGING INTERVALS	
0 30	TRD Soil +1	2/ax					
30 35	Fine San	dr					
35 50	mod Sa	nd_					
50 60	Blue Sha	10					
					Original	Returned to Sende	
					for Con	rection Date: 6/30/	
			Notes:				
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) 3.3.3							
1	and was completed on (	mo-gay, year) 3.7.3.7	and t	ms record is tr	ue to the best of my	y knowiedge and belief.	
Kansas Water Well Co	and was completed on ( intractor,'s License No.,	mo-day-year) 3.7.3.7. This Wa	ater Well Reco	ord was comple	eted on (mo-day-ye	ear) 3	
under the business nan	and was completed on ( intractor's License No. ne of	. 1. X. X	.l.1.11.4		•••••		
under the business nam	and was completed on ( ontractor's License No. the of	NER and retain one copy for you	ur records. Submit	fee of \$5.00 for each	constructed well along wit	th one (white) conv to Kansas	
under the business nam INSTRUCTIONS: Send of Department of H	and was completed on ( intractor's License No. ne of	NER and retain one copy for you	ur records. Submit	fee of \$5.00 for each uite 420, Topeka, Ka	constructed well along wit	th one (white) conv to Kansas	