WATER WE		WWC-5		ision of Water	}			
Original Recor	d Correction Char	ige in Well Use	Reso	urces App. No.		Well ID		
	OF WATER WELL:	Fraction		tion Number	Township Numb	er Ran	ige Number	
County: Stat	ford	SW ¼	N¼ 22 T 21 S R 13 ■ E 🗆 W					
2 WELL OWNER: Last Name: Smith First: Shane Street or Rural Address where well is located (if unknown, distance and								
Business:		lirection from nearest town or intersection): If at owner's address, check here:						
Address: 319	NE 20 Ave.	•						
Address: 2 1/2 E, 2N of Seward, KS								
City: Great Bend State: KS ZIP: 67530								
3 LOCATE WELL								
WITH "X" IN	4 DEPTH OF CO		, , ,					
SECTION BOX: Depth(s) Groundwater Encountered: 1)19								
2)					l Datum: WGS 8		83 🗆 NAD 27	
WELL'S STATIC WATER LEVEL:16				Source for Latitude/Longitude:				
below land surface, measured on (mo-day-)					(unit make/model:			
above land surface, measured on (mo-day-y				(lo)	
Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
w afterhours pumpingg				Online Mapper:				
Well water was ft. afterhours pumping gpi								
11.1.	gpm	6 Elevation	n:ft	□ Ground	LLevel TTOC			
	Estimated Yield:?					Land Survey GPS Topographic Map		
S		8 in. to						
mile in. to ft.								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
1. Domestic:		ater Supply: well ID						
M Household					11. Test Hole: well ID			
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. 🔲 Monitori		12. Geothermal: how many bores?					
2. Trrigation				a) Closed Loop 🔲 Horizontal 🔲 Vertical				
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex			b) Open Loop Surface Discharge Inj. of Water				
4. Industrial	☐ Recover	y ☐ Injection		13. 🔲 Other	(specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:								
Water well disinfected? Re Vos. I No.								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded								
Cosing Journal 5 is to 57 A Dismoster in the A Dismoster in the A								
Casing diameter 5. in. to 57. ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12. in. Weight 2.8 lbs/ft. Wall thickness or gauge No. Sch. 40.								
Casing neight above land surface								
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 Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From .57 ft. to .77 ft., From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From								
Nearest source of possible contamination:								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage								
☐ Sewer Lines	☐ Cess Pool		oon 🔲	Fuel Storage		oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify	proposed building							
Direction from well	Southwest	Distance from we	11? . <u>55</u>		ft.			
10 FROM TO			FROM		THO. LOG (cont.) or		GINTERVALS	
0 3	top soil							
3 55	clay					4		
55 77	sand and gravel							
00 11								
 	clay bottom							
			1					
			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) .05/09/17 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) \(\Omega(9/17)								
under the busines	name of Kelly's Water W	ell Service, Inc	Sig	gnature	Kathum &	Loug	<i>!</i>	
Mail I white	opy along with a fee of \$5.00 for ea	ach constructed well to: Kans	sas Department	of Health and Env	ironment, Bureau of W	ater, GWTS S	ection,	
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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015								