		RECORD		WWC-5		rision of Water		PMW17SP		
		Correction		e in Well Use		ources App. No		Well ID		
		VATER WEL	L:	Fraction		tion Number	Township Numb			
County	7: Harvey			SE14 NW 14 NW 14						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and										
Business: Sommerfield/Penner Service Station direction from nearest town or intersection): If at owner's address, check here:										
Address:	117 E. 17	rtn								
City:	Newton		State: KS	ZIP: 67114						
3 LOCAT					16.5 0		38 06303	210		
WITH "		4 DEPTH	OF COM	IPLETED WELL:	!ດ່າວ π ບ	5 Latitud	e:	219 (decimal degrees)		
	SECTION BOX:  Depth(s) Groundwater Encountered: 1)						Longitude:97.34409347(decimal degrees) Horizontal Datum: ₩GS 84 □ NAD 83 □ NAD 27			
1	N WELL'S STATIC WATER LEVEL: ft.						or Latitude/Longitude			
	below land surface, measured on (mo-day-yr)							<u>=</u> )		
<sub> NW</sub>	above land surface, measured on (mo-day-yr)						(WAAS enabled?			
	Pump test data: Well water was ft.						☐ Land Survey ☐ Topographic Map			
w	X after hours pumping gpm						ine Mapper: Google	e.Εaπn		
sw	Well water was						· · · · · · · · · · · · · · · · · · ·			
		Estimated Vield: gnm						t. 🔳 Ground Level 🔲 TOC		
L	Bore Hole Diameter: 8.5 in. to 16.5					Source:	☐ Land Survey ☐	GPS  Topographic Map		
1 r	_			in. to	ft.		Other Google E	arth		
7 WELL WATER TO BE USED AS:										
1. Domestic		5. □	Public Wa	ater Supply: well ID				ease		
☐ House		6. □	Dewaterin	ng: how many wells?						
☐ Lawn		7.	Aquifer R	echarge: well ID	V17SP Cased Uncased Geotechnical					
_	☐ Lawn & Garden ☐ Livestock  7. ☐ Aquifer Recharge: well ID  8. ■ Monitoring: well ID  PMW173									
	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extr					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3.					ZAHaction	13.  Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:										
Water well disinfected? ☐ Yes ■ No  8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ■ Threaded										
Casing diameter										
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. SCH 40										
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										
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From 5 ft. to 16.5 ft., From ft. to ft. ft. of t. ft. ft. ft. ft. ft. ft. ft. ft. ft.										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other										
Nearest source of possible contamination:										
Septic			Lateral Line	es 🔲 Pit Privy		Livestock Pens	☐ Insecti	icide Storage		
☐ 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? Northwest Distance from well? 450 ft.										
								t. or PLUGGING INTERVALS		
10 FROM	TO 1		JTHOLO		FROM	10 1	ITAU. LUG (cont.) o	I FLUGGING INTERVALS		
0	7.5	Topsoil, silty			-					
7.5	7.5	Silty Clay (C								
7.5	16.5	Sandy Clay (	CH), bio	WII	_					
			.,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+					
					+	<del>                                     </del>				
					Notes:	<u> </u>				
Twites.										
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) .11-27-17 and this record is true to the best of my knowledge and belief.										
Kansas Wa	ter Well Co	ontractor's Lic	ense No. 🤄	585 This Wa	ater Well Re	cord was comp	oleted 🚧 (mo-🎎 - y	/e <b>/</b> r <b>)</b> / 1 <b>/7</b> -30-17		
under the b	usiness nar	ne of <b>Associ</b> a	ated Envir	onmental, inc.	Si	gnature	Theodor Con	Johns		
Mail	1 white copy a	long with a fee of	\$5.00 for each	ch constructed well to: Kar	isas Departmen	t of Health and Ei	ivironment, Bureau of X	Vater, GWTS Section,		
				66612-1367. Mail one to	Water Well Ow KSA 82a-12	ner and retain one	for your records. "I elep	Revised 7/10/2015		
Visit us at htt	p://www.kdhe	ks.gov/waterwell/i	ndex.ntml		NOM 028-14	.14		VEA1260 1/10/7012		