	WELL R			WWC-5				sion of Water					
	Record 🔲		770	ge in Well I				rces App. No		Well ID			
1 LOCATION OF WATER WELL:			Fraction			Sect	ion Number	Township Nun		nge Number			
County: SEDGWICK SW1/4 SW1/4 SW							A NW						
2 WELL	OWNER: L	ast Name:	101	First:						•	·		
								from nearest town or intersection): If at owner's address, check here:					
A didmone:								219 ROUGH CREEK					
City:	TOWAND	A	State: KS	ZIP:		DERBY	, KS	67037					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:							52ft. 5 Latitude:						
WITH "		4 DEPTH	OF COM	MPLETE.	D WELL:	አ ረ 28 ል	п.						
	SECTION BOX: Depth(s) Groundwater Encountered: 1 2)					דייא ונ	ell	Longiti	Longitude:				
1	1	WELL'S ST	WELL'S STATIC WATER LEVEL:						for Latitude/Longitu		183 LI NAD 21		
		below la	and surface	, measured	l on (mo-day	_{/-yr)} .05/10	/2016		S (unit make/model:)		
NW	NE	above land surface, measured on (mo-day-yr)					• • • • • • • • • • • • • • • • • • • •		(WAAS enabled?				
		Pump test data: Well water was						☐ Land Survey ☐ Topographic Map					
W	E	after hours pumping gpm Well water was ft.						☐ Online Mapper:					
sw	SE	after	after hours pumping gpm										
	Estimated			Yield:20+gpm				6 Elevation:ft. Ground Level TOC					
	S Bore Hole Diameter			.10.5 in to 52 ft and				Source: Land Survey GPS Topographic Map					
1 t	nile		••	in	ı. to	ft.			☐ Other		***************************************		
7 WELL WATER TO BE USED AS:													
1. Domestic					/: well ID				Field Water Supply:				
				ng: how many wells?				11. Test Hole: well ID					
				Recharge: well IDing: well ID				☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?					
					g: well IDal Remediation: well ID			a) Closed Loop Horizontal Vertical					
3. Feedlot Air Sparg								b) Open Loop Surface Discharge Inj. of Water					
4. Indust			Recovery] Injection				er (specify):				
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:													
Water well disinfected? Yes No													
CARDIO TODITO TO LEGISLATION IN LA													
Casing diameter 5 in. to 52 ft., Diameter in. to ft., Diameter ft.													
Casing diameter 5. in. to 52. ft., Diameter in. to ft., Diameter in. to SDR-26. Casing height above land surface 12. in. Weight 15s/ft. Wall thickness or gauge No. SDR-26.													
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 Wranned □ Saw Cut □ None (Open Hole)													
SCREEN-PERFORATED INTERVALS: From .32 ft. to .52 ft., From ft., From ft., From ft.													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement Bentonite Other													
Grout Intervals: From 3 ft. to 26 ft., From ft. to ft., From ft. to ft.													
		e contaminati		_									
Septic			Lateral Line] Pit Privy] Sewage L			Livestock Pens Fuel Storage		ticide Storag idoned Water			
Sewer			Cess Pool Seepage Pit		☐ Sewage L ☐ Feedyard	адооп		ruer Storage Fertilizer Stora	_	Vell/Gas Wel			
Other (Specify) Direction from well? SOUTHWEST Distance from well? 100+ ft.													
10 FROM	TO			GIC LOG		FRO			ITHO. LOG (cont.)		IG INTERVALS		
0		OP SOIL											
1		CLAY											
34		INE/MED SAND											
40		ED SAND											
45	52	SANDSTON	E										
						Note	s:						
						_							
11 0037	DACTOR:	OD T AND	NATURAL DESIGNATION OF	o Canada		No Tri-:-		vvall =	constructed []	noncture to 1	0. [] = 1== 1		
under my i	KAUIUK'S	or LAND(eted on (r	o Cekii no-dav-ve	er (05/10/	2016	water and th	wen was 🚃	constructed, re	my knowiec	, or prugged lge and helief		
Kansas Wa	ter Well Con	tractor's Lice	ense No.	384	\dots This W	ater Wel	Reco	ord was com	true to the best of	year) 05/2	₹ 7 2016		
under the b	usiness name	of WENIN	GER DR	ILLINGI	LLC		\dots Sign	nature					
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 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.													
		., Suite 420, Top .gov/waterwell/ii		66612-1367	7. Mail one to	Water Wel			tor your records. Tele		5-5524. d 7/10/2015		
visit us ar nttr	/www.kaneks	gov/waterwell/li	intex.IIIIII			120/11 02	<u>a-141</u>	4		VCARC	A //LU/AULJ		