WATER				WWC-5		ision of Water					
Original	Record	Correction	☐ Chang	e in Well Use		ources App. No		→ Well ID			
		ATER WEL	L:	Fraction		tion Number			nge Number		
	: BUTLER			NW1/4 SE1/4 SW							
2 WELL OWNER: Last Name: SLINKARD First: CINDY Street or Rural Address where well is located (if unknown, distance at											
Business: direction from nearest town or intersection): If at owner's address, check here:											
Address: 512 ELM ST. 480 N. AURORA ST											
Address: City:	MOLINE		State: KS	ZIP: 67353	ROSE HILL	ROSE HILL, KS 67133					
	MOLINE T				100		07.50	470			
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 100 ft. 5 Latitude: 37.56473 (decimal											
SECTIO		Depth(s) Gre	oundwater !	Encountered: 1)	ft.	Longi	tude:97.1	4068 <u> </u>	.(decimal degrees)		
N		2)	ft.	3) ft., or 4)	Dry Well		ntal Datum: 🗖 WGS		83 □ NAD 27		
		WELL'S STATIC WATER LEVEL:					for Latitude/Longitu	de:	,		
	-	below is	and surface	measured on (mo-da	.y-yr) 	· Gl	PS (unit make/model:)		
NW	NE	□ above land surface, measured on (mo-day-yr)							NO)		
XX	- P	after hours pumping gpm					Online Mapper:				
W	E	artor	Well water was ft.								
SW	SE	after	after hours numning onm								
	K	6 Elevation:tt. Ground Level									
	S	Bore Hole I	Diameter:	12 in. to100	ft. and	Source					
1 n	nile			in. to	ft.		☐ Other				
7 WELL WATER TO BE USED AS:											
1. Domestic:				ater Supply: well ID.			Field Water Supply:				
☐ Housel					: how many wells? 11. Test Hole: well ID						
_	& Garden	7.	Aquifer R	techarge: well ID	Cased Uncased Geotechnical				aı		
								Geothermal: how many bores?			
	2. ☐ Irrigation 9. Environmental Remediation: well ID										
3. Feedlo] Air Sparg] Recovery		or Extraction		her (specify):				
4. Industr											
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 diameter 5 in. to 100 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12 in. Weight 2.35 lbs./ft. Wall thickness or gauge No. SDR26											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL: □ 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 40 ft. to 100 ft. From											
GRAVEL PACK INTERVALS: From								io ft.			
0 CDOUT MATEDIAL. Next coment Coment grout Rentonite Other											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 4 ft. to ft., From ft. to ft. ft. o ft.											
Nearest sou	rce of possib	le contaminat	ion:	10., 1 10	20. 00	,					
☐ Septic	A CONTRACTOR OF THE PARTY AND ADDRESS OF THE P		Lateral Lin	es	, _	Livestock Pe		ecticide Storag			
Sewer			Cess Pool	☐ Sewage	Lagoon [] Fuel Storage		indoned Water			
■ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
		<i>Y</i> Ø1		Distance from			TITLE TOCK	. It.	NIC INTERPLATE		
10 FROM	TO		LITHOLO	OGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGL	NG INTERVALS		
0	3	TOP SOIL									
3		CLAY									
22		BROWN SH									
46	100	GRAY SHA	E								
	aring make a										
	VED	REUE	-					X			
		9 9 97 1			Notes:						
4COC 8 0 111 / 8 2024											
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) 6-72024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236											
under the business name of HARP WELL AND PUMP SERVICE INCSignature TODD S.HARP.											
under the b	1 white conve	long with a fee of		ach constructed well to:	Kansas Denartme	nt of Health and	Environment, Bureau	of Water, GWT	S Section.		
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.											
		ks.gov/waterwell		IIIII OIL	KSA 82a-1			Revis	ed 7/10/2015		
t ioit uo at iit	-p										