	WELL R			WWC-5	Division of Water					
Origina 💮	Record _	Correction	Chang	ge in Well Use	Resc	ources App. No.		Well ID	L	
		ATER WEL	L:	Fraction	Sec	tion Number	Township Numl		ge Number	
County	_{/:} SEDGWI	CK		SE14 SW14 SE14						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and										
Business: IRRIGATION UNLIMITED direction from nearest town or intersection): If at owner's address, check here										
Address: 802 COREY RD 8520 E 111TH ST S										
Address:										
City: HUTCHINSON State: KS ZIP: 67501 MOLVAINE, KS 67110										
3 LOCATE WELL WITH 4Y" IN 4 DEPTH OF COMPLETED WELL: 80										
WITH "	X" IN	4 DEPTH	OF COM	Trleten Merr:						
SECTION BOX: Depth(s) Groundwater							Longitude:(decimal degrees) Horizontal Datum: □WGS 84 □ NAD 83 □ NAD 27			
1	N.	2)		3) ft., or 4)]	Dry Well				83 LI NAD 27	
		WELL'S STATIC WATER LEVEL. 26 ft. below land surface, measured on (mo-day-yr).03/17/2				7 Source for Latitude/Longitude:				
'	'	Delow is	min smilace	, measured on (mo-day	-yı)		GPS (unit make/model:)			
NW	NE		above land surface, measured on (mo-day-yr)				(WAAS enabled? Yes No)			
		after hours pumping gpm				☐ Land Survey ☐ Topographic Map				
w E after				vater was	☐ Online Mapper:					
SW SE after										
			: hours pumping gpm 1 Yield:18.±gpm			6 Elevation:ft. Ground Level TOC				
	S Bore Hole Diameter:			10.5 in to 80						
Time										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Dublic Water Supply: well ID										
1. Domestic										
House				ng: how many wells?			11. Test Hole: well ID			
				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical			
Livesto				g: well ID						
					n: well ID					
3. Feedlo			Air Sparge		Extraction					
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? Wes CING										
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other										
Casing diameter 5 in to 80 ft., Diameter in to ft., Diameter in to ft.										
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other										
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)										
□ Continuous Stot □ Mili Stot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From .65										
CDANEL DACK DITERVALS. FIGHT MY										
GRAVEL PACK INTERVALS: From 23 ft. to 80 ft., From ft. to ft., From ft. to ft., From ft. to ft.										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other Grout Intervals: From										
Nearest source of possible contamination:										
Septic			Lateral Line			Livestock Pens		icide Storage		
☐ Sewer			Cess Pool	☐ Sewage L		Fuel Storage		doned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
Other (Specify) Direction from well? WEST Distance from well? 54 ft.										
10 FROM	то		ITHOLO	GIC LOG	FROM	TO LI	THO. LOG (cont.)	ir PLUGGIN	G INTERVALS	
0		FOP SOIL					 			
1	20 (CLAY								
20		FINE SAND								
34		MED SAND								
40			SAND	IN CRACKS		 				
60		SHALE WITT	IUAND	III OIVIONO	 	 	· · · · · · · · · · · · · · · · · · ·			
υυ	100	DITALE			Made	L				
	 			· · · · · · · · · · · · · · · · · · ·	Notes:					
	ļ				_					
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) 93/17/2017 and this record is true to the best of my knowledge and belief.										
under my j	urisdiction a	nd was compl	eted on (n	no-day-year) .U3/.1.7/	4٧.٦ / and	this record is t	rue to the best of n	ny knowled	ge and belief.	
Kansas Wa	ıter Well Coı	ntractor's Lice	ense No. S	384 This W	ater Well Rec	ord was comp	leted on (mo-day-y	/ear) U3/20	1.4V.U	
under the b	usiness nam	e of YXIENIN	GEK UK	ILLING, LLC	Si	gnature		- 	***********	
Mail I 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.										
Visit us at htt	p://www.kdheks	s.gov/waterwell/i	ndex.html		KSA 82a-12	12		Revised	1 <i>7/</i> 10/2015	