		RECORD		WWC-5			vision of Wa			Well ID			
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction						Resources App. No. Well ID Section Number Township Number Range Number					ge Number		
	GTON	- -	SW 1/4 SW 1/4										
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and													
Business:	TILE COM	PANY			irection from nearest town or intersection): If at owner's address, check here:								
Address:	Address. 156 ALL AMERICAN ROAD							/2 MILE SOUTH OF THE INTERSECTION OF 1ST ROAD & LL AMERICAN ROAD, SOUTH OF BARNES, KS					
City:	2 LOCATE WELL												
WITH "					FED WELL: 101 ft. 5 Latitude: 39-34-38.30 N					0 N	(decimal degrees)		
1	SECTION BOX: Depth(s) Groundwater Encountered: 1)						1 Dongton Control (decinial degrees)						
WELL'S STATIC WATER LEVEL:) ft.	ft. Source for Latitude/Longitude:						
			below land surface, measured on (mo-day-yr					GPS (unit make/model:	SPS MINI)		
NW	NE		☐ above land surface, measured on (mo-day-yr Pump test data: Well water was ft.				i i) b no I	WAAS enabled?	Yes □ N	(o)		
w -	-E		after hours pumping gp				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
SW	Well water was ft. SWSE after hours pumping gpn												
	Estimated Yield:75±					gpm	6 Elevation:ft. Ground Leve			Level 🗆 TOC			
	Bore Hole	Bore Hole Diameter:10 in. to101			ft. and	ft. and Source: Land Sur			Survey 🔳 GPS 🔲 Topographic Map				
1 mile in. to ft.													
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID													
☐ House	☐ Household 6. ☐ Dewatering: how many wel						11. Test	11. Test Hole: well ID					
			7. Aquifer Recharge: well ID										
	■ Livestock 8. ☐ Monitoring: well ID												
3. Feedlo	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex						a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
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? ■ Yes □ No 8 TYPE OF CASING USED: □ Steel ■ PVC □ Other													
Casing diameter in. to													
Casing diameter													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)													
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 ft. to ft., From ft. to ft. to ft.													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.													
Grout Intervals: From													
Septic			ion: Lateral Line	s 🔲 Pit F	Privy		Livestock P	ens	☐ Insection	ide Storage			
☐ Sewer	Lines		Cess Pool	☐ Sew	age La	goon	Fuel Storag	;e	☐ Abando	ned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)													
☐ Other (Specify) Direction from well? NORTHEAST Distance from well? 5000 ft.													
10 FROM	TO		LITHOLOG			FROM	TO		HO. LOG (cont.) or		G INTERVALS		
0 14		BROWN CL LIMESTONI		JW CHAIL			-	-					
48		RED SHALE		JW SHALE				-					
78			IGHT GRAY SHALE					 					
84	97	LIMESTONI	MESTONE & YELLOW SHALE						***************************************				
97	101	GRAY SHA	LE			NT :							
			· · · · · · · · · · · · · · · · · · ·			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) .10/1.1/2023 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 518 This Water Well Record was completed on (mo-day-year) 11/24/2023													
Kansas Water Well Contractor's License No. 518. This Water Well Record was completed on (mo-day-year) 11/24/2023. under the business name of BLUE VALLEY DRILLING INC. Signature													
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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015													

KSA 82a-1212 Revised 7/10/2015