	RECORD		5 Divis	sion of Water	Resources App. N	No.		
	WATER WELL:	Fraction	A)S	ection Numb	per Township	Number	Range Number	
	Sheridan  f Well Location: if unkr	14 NW 4 SE 14	n CL	hal Position	ning System (C)	S S Inform	R 30 □E ⊠W	
Street/Rural Address of Well Location; if unknown, distance & direction nearest town or intersection: If at owner's address, check here \(\sigma\).  Global Positioning System (GPS) information:  Latitude: (in decimal degrees)								
mile west, 4 miles north of Grinnell				Longitude: (in decimal degrees)				
(Imile)				Elevation:				
WATER WELL OWNER Doug Bixenman				Datum: □ WGS 84, □ NAD 83, □ NAD 27				
RR#, St. Address, Box # 13235 S 110 <sup>th</sup> W City, State, ZIP Code Grinnell, Ks 67738				Collection Method: ☐ GPS unit (Make/Model:)				
Grimlen, iks 67756				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey				
			<u>E</u>	st. Accuracy:	☐ <3 m, ☐ 3-5 m, I	□ 5-15 m,	□ >15 m	
3 LOCATE WELL								
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 112 ft.								
SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft.  N WELL'S STATIC WATER LEVEL 19 ft. below land surface measured on mo/day/yr								
N	WELL'S STATION	C WATER LEVEL	<b>19</b> ft. t	elow land su	rface measured on	mo/day/y	r	
	Pum	p test data: Well wate	r was	ft. afte	er ho	ours pumpi	ng gpm	
NW NEX	EST. YIELD	gpm: Well wate	r was	ft. afte	er ho	ours pumpi	ng gpm	
w l	■ E WELL WATER	TO BE USED AS: 🔲 I	Public water s	upply 🗖 Ge	othermal	☐ Inject	ion well	
					er supply  Geothermal  Injection well Dewatering  Other (Specify below)			
-sw-se							<b> </b>	
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No  If yes, mo/day/yr sample was submitted								
S I mile				• • • • • • • • • • • • • • • • • • • •			l	
Water Well Disinfected?   Yes □ No								
TYPE OF CASING USED: Steel PVC Other								
Casing diameter	4.5 in to 7	2 ft Diameter	in in	to	ft. Diameter		in to ft.	
SiNG JOINTS: Glued Clamped Welded Threaded Casing diameter 4.5 in. to 72 ft., Diameter in. to ft., Diameter in. to ft.  Sasing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No248								
FUYPE OF SCREEN OR PERFORATION MATERIAL:								
Steel Stainless Steel PVC								
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)								
☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)								
☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☒ Saw cut ☐ Other (specify)								
From GRAVEL PACK INTERVALS:         From From Date of the properties o								
CDAVEL DA	CK INTERVALS:	From	ft. to	ft	., From	ft. t	oft.	
OKAVEL PA	A INTERVALS:	From 20	ft to	.114	From	ft. t	o ft.	
From ft. to ft., From ft. to ft.								
GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals From 0 ft. to 20 ft. From ft. to ft. From ft. to ft.								
What is the nearest source of possible contamination:								
☐ Septic tank	☐ Lateral lir		☐ Livestock		nsecticide storage		ther (specify below)	
☐ Sewer lines	☐ Cesspool wer lines ☐ Seepage p	☐ Sewage lagoon  Dit ☐ Feedyard	☐ Fuel stora☐ Fertilizer		Abandoned water v Dil well/gas well	well <b>Non</b>	10	
Direction from wel		•			on wen/gas wen			
FROM TO		LOGIC LOG	FROM				GGING INTERVALS	
6 2	Surface	LOGIC LOG	FROM	10 Li	THO, LOG (COIII	.) <u>oi</u> FLOC	JOING INTERVALS	
2 18	Clay				-			
18 38	Fine tosome med s							
38 42	Clay & caliche w/s							
42 55 55 62	Fine to med sand v							
62 78	Fine to some med							
78 100	Fine sand w/clay &							
100 112	Fine to med sd &	small gravel						
112 120 Yellow ochre/black shale								
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged								
and this record is true to the best of my knowledge and belief.  1-27-11 and this record is true to the best of my knowledge and belief.  Salary Well Contractor's License No. 554 or 783 . This Water Well Record was completed on (mo/day/year) 2-3-2011								
under the business name of Woofter Pump & Well Inc. by (signature)								
THE TRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of								
Mater, Geology Section	, 1000 SW Jackson St., Sui	ite 420, Topeka, Kansas 666	12-1367. Telep	hone 785-296	-5522. Send one to	WATER W	ELL OWNER and retain	
and for your records. In	clude fee of \$5.00 for each	constructed well. Visit us a	t http://www.kc	heks.gov/water	rwell/index.html.			
* T 1 W 1								