		RECORD		WWC-5	Ι	Division of V	Vater		1					
		☐ Correction	☐ Char	nge in Well Use	R	esources Ap	p. No.		Well ID					
1 LOC	ATION OF	WATER WE	LL: .	Fraction		ection Nur	nber	Township Numb		ige Number				
	nty: Barton			4 NE 4 SW	4 SW 1/4	28		T 16 S		BEW				
2 WEL	L OWNER	R: Last Name: Re	detzke	First: Denise	Street or F	tural Addre	ess whe	ere well is located	(if unknown	distance and				
Busine	ess: direction from nearest							ersection): If at owne	r's address,	check here:				
	Address: 1887 NE 10th Avenue Address: 3/4 South of							-						
City:		4	State: KS	ZIP: 67544	3/4 30411	UI Susaili	^							
	3 LOCATE WELL													
	"X" IN	4 DEPTH	OF CO	MPLETED WELL:	260	ft. 5 La	5 Latitude: 38.62623 (decimal degrees)							
	ION BOX:			Encountered: 1)		Lo	ngitud	le:98.772	15	(decimal degrees)				
	N	2)	ft.	3) ft., or 4)	Dry Well	Ho	rizontal	l Datum: LJ WGS 84	l 📓 NAD	83 NAD 27				
	WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr). 8-23-19. above land surface, measured on (mo-day-yr). pump test data: Well water was							GPS (unit make/model:						
NW -														
w —								☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
1 1 1	Well water was							e Mapper:	••••••	••••••				
SW-	after hours pumping													
	Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC							
	S Bore Hole Diameter:10 in. to260 ft.						Source: Land Survey GPS Topographic Map							
1 mile in. to ft.														
7 WELL WATER TO BE USED AS:														
1. Domesti				ater Supply: well ID		10. 🗆	Oil Fie	ld Water Supply: le	ase					
	Household 6. ☐ Dewatering: how many wells?							11. Test Hole: well ID						
	· · · · · · · · · · · · · · · · · · ·						☐ Cased ☐ Uncased ☐ Geotechnical							
Contract	22. Goodformat, flow many boiles								?	*****				
	2. ☐ Irrigation 9. Environmental Remediation: well ID								u U Vertic	al				
4. ☐ Indus			Recovery		LAHACHOH	13 🗂	Other (zoop ∐ Surrace Dis	charge []	inj. or water				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:														
8 TVPF OF CASING HSFD: CI Steel # DVC CI Osless CASDIC IODITES. # CI + CI - CI + CI +														
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 5 in. to 260 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 18 in. Weight SDR-21 lbs./ft. Wall thickness or gauge No.														
Casing height above land surface 18 in Weight SDR-21 the /A Well thickness or gauge No.														
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 Wrapped ☐ Saw Cut ☐ None (Open Hole)														
SCREEN-PERFORATED INTERVALS: From 260 ft. to 220 ft. From ft. to ft. From ft. to ft. From														
GRAVEL PACK INTERVALS: From														
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other														
Grout Intervals: From														
Nearest source of possible contamination:														
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well														
Abandoned water went														
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage ■ Oil Well/Gas Well □ Other (Specify)														
Other (Specify) Direction from well? South Distance from well? 1000ft														
10 FROM	TO	LI	THOLOG	FIC LOG	FROM	TO	LITE	HO. LOG (cont.) or P	LUGGING	INTERVALS				
0	4	Top soil						,,						
4	35	Yellow clay w	/ broken	limestone										
35	110	Brittle black s	hale w/ p	yrite										
110	176	Gray clay w/ r	ock stream	aks										
176	221	White, brown,	& red cl	ay										
221	227	Sandstone												
227	240		ite dakota clay			Notes:								
240														
11 CONTI	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)8-23-19 and this record is true to the best of my knowledge and belief.													
unger my ii	irisdiction a	nd was complet	ted on (m	o-day-vear) 8-23-	19 and	thic record	ic truo	to the best of mer 1	and the state of the state of	11 100				
Kansas wai	ter well Co	ntractor's Licen	se No	194 This Wat	er Well Rec	ord was co	mnlete	ed on (mo-day-vea	·\ 8-27-1	10				
under the bi	usiness nam	e ofrsqseno	rantzu	emis.Ent inc	Si	nature	CT 1	war CIDAR	ñ	- 1				
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.														
Visit us at http	//www.kdhek	s gov/waterwell/ind	ev html				one for y							
wo especially				Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										