		RECORD		WWC-5		Divis	ion of Wate	er]			
		☐ Correction		ge in Well Use			rces App. N			Well ID			
			Fraction	Section Number				iship Numl		ge Number			
County: Barton ¼ SW ¼ NW													
	2 WELL OWNER: Last Name: Debes First: Fran					Street or Rural Address where well is located (if unknown, dista							
	Business: Address: 749 NE 130 Road						direction from nearest town or intersection): If at owner's address, check here:						
Address		130 Road			2 3/4 No	orth, 3	East of I	Hoisingto	n				
City:	Claflin		State: KS	ZIP: 67525									
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:95 ft.							E T - 414	.1	38 560	5			
	WIII A III							5 Latitude: 38.5695 (decimal degrees) Longitude: 98.7180 (decimal degrees)					
SECTI	ON BOX:			3) ft., or 4)			Longi	tuae:	90,7 (OU STATE	(decimal degrees)		
	WELL'S STATIC WATER LEVEL: 123 ft.						Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:						
		below l	and surface,	measured on (mo-day	yr) 5-8-	18)		
NW -	NE	above l	above land surface, measured on (mo-day-yr)					(WAAS	enabled?	Yes □N	o)		
				ta: Well water was ft hours pumping gpm			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
W	Welln			vater was ft.									
4- sw -	4-SWSE after			hours pumping gpm									
	1	Estimated Y	Estimated Yield: onm				6 Elevation:ft. Ground Level TOC						
	S	Bore Hole I	Bore Hole Diameter: 10 in. to 95			Source: Land Survey GPS Topog							
	mile			in. to	ft.			Other.	••••••				
7 WELL WATER TO BE USED AS:													
1. Domesti		5. [Public Wa	ter Supply: well ID			10. 🔲 Oil	Field Wate	r Supply: le	ase	•••••		
_					w many wells?			11. Test Hole: well ID					
100					Cased Ut				Uncased Geotechnical how many bores?				
	 ■ Livestock ② Monitoring: well ID ② Environmental Remediation: well ID 						a) Clo	sed Loon	Horizont	al 🔲 Vertic	 val		
	3. Feedlot Air Sparge Soil Vapor Extract										Inj. of Water		
4. 🔲 Indus						13. 🗍 Oth	ner (specify):					
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):													
Water well disinfected? Yes No													
8 TYPE OF CASING USED: Steel PVC Other CASING IONTS: Gled Clamped Wolded There ded													
Casing diameter													
Casing diameter 5 in. to 95 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 18 in. Weight SDR-26 lbs./ft. Wall 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													
G	RAVEL PA	CK INTERVA	LS: From	95 ft. to 20	ft Fro	m	ft. to	fi	From	ft to			
GRAVEL PACK INTERVALS: From													
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 □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well													
			eepage Pit	☐ Feedyard		∐ Fei	mizer Stora	age	Oil Wel	l/Gas Well			
☐ Other (Specify) Direction from well?													
10 FROM	ТО	Li	THOLOG	IC LOG	FROM					PLUGGING	INTERVALS		
0		Top soil							,, 01				
3		Brown clay											
10	55	Tan clay											
55	93	Coarse sands	stone, iroa	anted rock,									
		yellow & gray	shale										
93	95	Fire clay											
					Notes:								
44 000				of a West was a dear with a second									
11 CONT	KACTOR'S	OR LANDO	WNER'S	CERTIFICATION	: This wa	ater w	ell was 🔳	constructe	d, 🗌 recor	structed, o	plugged		
Kansas Wa	urisuiction a ter Well Co	nu was comple	icu on (mo	o-day-year) 5-19 134 This Wa	a1	na this	s record is	true to the	pest of my	Knowledge	and belief.		
under the b	usiness nam	e ofRosen	crantz- Be	emis Ent Inc	OI WEILD	Signa	ture	Acted Off (CO 1	11):UTƏ.R. 0			
under the business name of Rosencrantz Bemis Ent Inc Signature Signature Signature Signature Wait 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 S	t., Suite 420, Tope	ka, Kansas 60	6612-1367. Mail one to V	ater Well C)wner a	nd retain one	for your rec	ords. Telepho	ne 785-296-55	24.		
		.gov/waterwell/inc			KSA 82a-					Revised 7			