WATER	WELL F	RECORD I	Form W	WC-5	]	Division of	Water					
Original	Record [	Correction [	Change	in Well Use	R	esources A	pp. No.		Well ID			
		VATER WELL:	. 1	Fraction		Section N		Township Numb		ige Number		
County		1/4 NE 1/4 SE 1/4		28 T 18 S R 13 🗆 E 🗰 W								
	OWNER: 1	ast Name: Fiala		First: Robert				ere well is located				
Business: direction from nearest town or intersection): If at owner's ad									r's address,	check here:		
Address: 47 Chevenne Ridge Road Address: 47 Chevenne Ridge Road, Great Bend												
City:	Great Be	nd Sta	ite: KS	ZIP: 67530	•	·						
3 LOCATE WELL WITH 9Y IN 4 DEPTH OF COMPLETED WELL: 150 ft. 5 Latitude: 38.45217 (decimal degrees)												
WITH A 119 Dents (a) Committee Engineers (b) 09 76621												
SECTIO				ft., or 4)[			Longitut Horizonta	l Datum: WGS 8	4 🗐 NAD	83 NAD 27		
N		WELL'S STA	TIC WATI	er level:	0 <del>n</del> .			r Latitude/Longitude		05 — 1412 2.		
	1	below land	d surface, r	neasured on (mo-day	-уг)6-24-	19						
NW	NE		above land surface, measured on (mo-day-yr) Pump test data: Well water was				(					
				rs pumping gpm			☐ Land Survey ☐ Topographic Map					
W	Well water was					Online Mapper:						
SW	SE	after	after hours pumping gpn									
		Estimated Viel			Elevation:ft. Ground Level TOC							
	5	Bore Hole Dia	Bore Hole Diameter:10 in. to150			ft. and Source: Land Survey GPS T						
mile  in. to ft.												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
	<ul> <li>1. Domestic:</li> <li>1. Domestic:</li> <li>2. □ Public Water Supply: well ID</li> <li>3. □ Dewatering: how many wells?</li> </ul>											
_	☐ Lawn & Garden  7. ☐ Aquifer Recharge: well ID											
	☐ Livestock 8. ☐ Monitoring: well ID											
	2. Irrigation 9. Environmental Remediation: well ID											
3. Feedlot Air Sparge Soil Vapor Ext						12	b) Open Loop  Surface Discharge  Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE?   No If yes, date sample was submitted:												
Water well disinfected? Yes No												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing diameter 5 in to 150 ft., Diameter in to 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												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Interv	als: From	ft. to		ft., From 20	. ft. to	0 <del>f</del> t.,	From	ft. to	ft.			
Nearest sou	rce of possil	ole contamination	ı:			ŕ						
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage												
☐ Sewer		_	ss Pool	☐ Sewage La	agoon	☐ Fuel S			loned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) House												
Direction from well? East Distance from well? 50ft ft.												
10 FROM	TO		THOLOG		FROM			THO. LOG (cont.) o		IG INTERVALS		
0	2	Top soil										
2	43	Tan clay										
43	67	Fine clay										
67	88	Sandstone & c										
88	97	Clay w/ limesto	one									
97	104	Sandstone			BT-4-							
104 121	121	Gray clay	The state of the s					Notes:				
141   150   Gray green clay   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)												
Kansas Wa	iter Well Co	ontractor's Licen	se No	134 This W	ater Well	Record w	as compl	leted on (mo-day-)	(ear)71	7-19		
under the b	usiness nan	ne of …RΩ <b>sen</b> 0	crantzB	emis.Ent Inc		.Signatur	e 🔿 🗸	man alle	٠			
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.kdheks.gov/waterwell/index.html  KSA 82a-1212  Revised 7/10/2015												