WATER WELL RECORD Form WWC-5						Division of Water Resources App. No. Well ID							
Original Record Correction Change							rces App. No. Township Numl			NT			
1 LOCATION OF WATER WELL: County: Rice			Fraction	NE 1/4 NE 1/4 SE 1/4 SW 1/4			1 T 18 S			ber Range Number R 6 E W			
	2 WELL OWNER: Last Name: Hodgson First: Kendall							Street or Rural Address where well is located (if unknown, distance and					
	Business: Lark Valley Farms							direction from nearest town or intersection): If at owner's address, check here:					
Address	From 30th and C Ave 1 N ESR												
Address	Address: 1180 28th Road City: Little River State: Ks ZIP: 67457						Trom out and o Avo Fit Lore						
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:												
WITH							t. 5 La	Longitude: 097.93353 (decimal degrees)					
	SECTION BOX: Depth(s) Groundwater Encountered: 1)							Horizontal Datum: WGS 84 NAD 83 NAD 27					
	WELL'S STATIC WATER LEVEL: 14 ft.							Source for Latitude/Longitude:					
below land surface, measured on (mo-d						-yr)		GPS (unit make/model:	Garman 6	2S)		
NW -	, measured on (mo-			.	(WAAS enabled?	Yes 📓 N	(o)					
Pump test data: Well water was							☐ Land Survey ☐ Topographic Map pm ☐ Online Mapper:						
w	Well water was ft.						_	Onnie Mapper					
SW-	SE	after hours pumping gpm					6 Elevation: 1650ft. Ground Level TOC						
	Estimated Yield:gpm					۵ ۱	Sou	nce.	e: Land Survey GPS Topographic Map				
	S Bore Hole Diameter:9.7/8 in. to							Other					
7 WELL WATER TO BE USED AS:													
1. Domestic				ter Supply: well II					eld Water Supply: le				
	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID						
	☐ 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 Extract							b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Indust	rial		Recovery	_ •					(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 5 in. to 110-90 ft., Diameter 5. in. to 30-0 ft., Diameter in. to ft. Casing height above land surface 24 in. Weight 160 lbs./ft. Wall thickness or gauge No. 214.													
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)													
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)													
SCREEN-PERFORATED INTERVALS: From .30													
GRAVEL PACK INTERVALS: From 110 ft. to 20 ft., From ft. to ft., From ft. to ft. 9 GROUT MATERIAL: □ Neat cement □ Cement grout ■ Bentonite □ Other Grout Intervals: From 20 ft. to 0 ft., From ft. to ft.													
9 GROUT	Γ MATERI	AL: Neat c	ement [Cement grout	Be	ntonite 🔲 (Other		0.4.	Δ			
Grout Interv	als: From .	ft. to		. ft., From		ft. to	It., Fro	m	п. ю	π.			
Nearest sou □ Septic		ble contaminatio	ateral Line	s 🔲 Pit Priv	rv		Livestock	Pens	☐ Insectic	ide Storage			
Sewer			Cess Pool	☐ Sewage	La	goon	Fuel Stora	ige		ned Water V	Vell		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
Other (Specify) none-open field													
10 FROM	TO		ITHOLOG		-~ **	FROM	ТО	LIT	HO. LOG (cont.) or	PLUGGING	INTERVALS		
0	2	Top soil											
2	35	Soft sandstor											
35	74	Sandstone, c						-					
74	110	Grey shale a	<u>nd sands</u>	tone streaks	_			-			_		
					_								
						Notes:							
	110000												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
11 CONT	RACTOR'	S OR LANDO	WNER'S	CERTIFICATI	ON	: This wate	r well was	s 🛄 co	nstructed, reco	astructed, o	r Dlugged		
under my ju	urisdiction a	and was comple	eted on (m	o-day-year) .J.U-4 34 This	4.1.7 W≥	¢ม.ฮ and iter Well Rea	unis record	u is tru omnle	ie to the best of my ted on (mo-day-ye	ar) .10-28-	2019		
under the h	neinece nan	se of Rosenci	rantz-Ber	nis Ent.		Si	gnature	Jun	are Dadres				
Mail	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.												
1000	SW Jackson	St., Suite 420, Tope	ka, Kansas	66612-1367. Mail one	e to \	Water Well Ow	ner and retain	n one for	r your records. Telepho	ne /85-296-5	524. 7/10/2015		
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015													