1.66 (1227)		L RECORD		WWC-5		Division of		20190092				
		Correction		e in Well Use		lesources A	-		Well ID			
1 LOCATION OF WATER WELL: Fraction County: Barton % SE %						Section Number Township Number Range N				ge Number		
	A TENNE T CONTROL .						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Z VVEL	TOWNE	Petroleum		First:	Street or	Street or Rural Address where well is located (if unknown, distance and						
	Address: 1105 Walnut						direction from nearest town or intersection): If at owner's address, check here:					
Addre					2 1/2 We	st of Elliny	vood					
City:	Great		State: KS	ZIP: 67530								
	ATE WELL	4 DEPT	HAFCAN	IPLETED WELL:	57	57 R. 5 Latitude: 38.34865 (decimal degrees)						
	I "X" IN			Encountered: 1)		. II. 3 LA	moite d	In. 08 638	15	(decimal degrees)		
SECI	2) ft. 3) ft., or 4) [☐ Dry Well	Horizontal Datum: TWCS 94 NAD 92 Than 27						
1	WELL'S STATIC WATER LEVEL: 9 below land surface, measured on (mo-day-yr).					Sc	Source for Latitude/Longitude: GPS (unit make/model:)					
						I						
NW	NE	☐ above	land surface,	measured on (mo-day	-yr)	······ (WAAS enabled? \(\subseteq \text{Yes} \(\subseteq \text{No} \)						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map					
W	Wall water was						☐ Online Mapper:					
	after hours numping					am .						
	Estimated Yield:			gpm			6 Elevation:ft. Ground Level TOC					
S Bore Hole Diameter:			.10 in to 57	So	Source: Land Survey GPS Topographic Man							
	l mile			in. to	ft.			Other	***************************************	***************************************		
7 WELL WATER TO BE USED AS:												
1. Domest		5. [Public Wat	ter Supply: well ID		10.	Oil Fie	ld Water Supply: le	ase Mu	senberg		
	☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aguifer Recharge: well ID											
							Cased	☐ Uncased ☐ G	eotechnical			
	☐ Livestock 2. ☐ Irrigation 2. ☐ Irrigation 3. ☐ Monitoring: well ID						Closed	al: how many bores	/	_1		
	3. Feedlot Air Sparge Soil Vapor Extra					a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water						
							13. Other (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 HISED. CI Steel # DVC CI Other CASING IODNES. # CL CI CI												
Casing diameter												
Casing height above land surface												
I YPE 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												
GRAVEL PACK INTERVALS: From 57 ft. to 20 ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.												
Grout Inter	vals: From	ft. to		ft., From 20	ft. to 0	outer Fro	m	ft to	а	*******		
Nearest soi	arce of possi	ble contaminati	on:	,				16. 60	····· 1t.			
☐ Septic			ateral Lines	☐ Pit Privy] Livestock	Pens	☐ Insecticio	le Storage	1		
Sewer			Cess Pool	Sewage Lag		Fuel Stora		☐ Abandon	ed Water W	ell		
	tight Sewer I		eepage Pit	☐ Feedyard] Fertilizer S	Storage	Oil Well/	Gas Well			
Direction from well?												
10 FROM	TO	1.	ITHOLOGI	CLOC	FROM	ТО			Hiccoric	D. IMPORTATION		
0	2	Sandy top so		- LIVE	I KON	10	Litt	IO. LOG (cont.) or P	LUGGING	INTERVALS		
2	5	Tan clay	••			t	-					
5	18	Med gravel					+					
18	25	Gray clay					_					
25	57	Med gravel					-					
57		Gray shale					_					
					Notes:							
					1							
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) 5-3-19												
I Namsas Wa	ter well Co	HIDACION S FACE	ose ino - i	Jet Inic Wat	er Well Rec	^^ DEGE 131/20 ^/	mnlate	od on (ma day was	A E O 4	n 1		
Mail	white conv a	ong with a fee of \$	5.00 for each o	mis Ent Inc	S1	gnature		The charge	M			
1000	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 httr	://www.kdhek	s.gov/waterwell/in	dex.html	A STATE OF THE PARTY OF THE PAR	SA 82a-12	12	one tot y	-	785-296-552 Revised 7 /			
									LEUTINGU //.	LU/AULJ		