WATER WELL R	ECORD Form	WWC-5		sion of Water				
Original Record	Correction Char	ige in Well Use	Resor	irces App. No.		Well ID		
1 LOCATION OF W	ATER WELL:	Fraction	Sect	ion Number	Township Number	r Range Number		
County: Barton	NW 1/4	N¼ 35 T 19 S R 12 □ E ■ W						
2 WELL OWNER: Last Name: Morganstern First: Kim Street or Rural Address where well is located (if unknown, distance and								
Business:	direction from nearest town or intersection): If at owner's address, check here:							
Address: 310 N Fri								
Address:	-		2 West of Ellinwood					
City: Ellinwood	State: KS	ZIP: 67526						
3 LOCATE WELL	4 DEPTH OF CO	ACDI ESTEN MARIE I	55 A]	38 3550	(decimal degrees)		
WITH "X" IN	WITH "X" IN SECTION POY: Depth(s) Groundwater Encountered: 1)							
SECTION BOX:				Longitu	de:	2(decimal degrees)		
N	WELL'S STATIC W	3) ft., or 4) [J Dry Well			■ NAD 83 □ NAD 27		
	WELL'S STATIC WATER LEVEL: 18				or Latitude/Longitude:			
					■ GPS (unit make/model:			
NW NE	Pump test data: Well water was ft.			□ Land Survey □ Topographic Map				
w X					Online Mapper:			
	Well water was ft.				Climic Mapper			
SW SE after hours numping gpm								
	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC			
S				Source: Land Survey GPS Topographic Map				
1 mile		in. to	ft.		Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:		Vater Supply: well ID	••••	10. 🗌 Oil F	ield Water Supply: lea	ase		
Household		ing: how many wells?			le: well ID			
☐ Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop			
3. ☐ Feedlot					b) Open Loop Surface Discharge Inj. of Water			
4. ☐ Industrial	☐ Recover	y Injection		13. 🔲 Othe	r (specify):			
Was a chemical/bacte	riological sample sub	mitted to KDHE?	Ves No	If yes date s	ample was submitted	1-		
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:								
Water with distinctions. He is 1900 Floring Company of the control								
8 TYPE OF CASING USED: Steel PVC Other								
Casing height shove land surface 18 in Weight SDR-26 the /t 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								
GRAVEL PACK INTERVALS: From								
OCPOLIT MATERIAL - Disease - Down to the Down in Toller								
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other								
Nearest source of possible contamination:								
Septic Tank	Lateral L	nes	п	Livestock Pens	□ Insectici	ide Storage		
□ 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								
Other (Specify) Shed.								
Direction from well? South Distance from well? 100ft ft.								
10 FROM TO		OGIC LOG	FROM			PLUGGING INTERVAL		
0 3	Top soil							
3 19	Brown clay							
	Sand & gravel			<u> </u>	······································			
53 55	Hard ironated rock	ironated sandrock	1					
	· · · · · · · · · · · · · · · · · · ·	- nonated sandrook	 					
								
			Notes:					
			- inotes:					
11 CONTRACTORIS OR LANDOWNERDIS CERTIFICATION TILL								
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)3-24-2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year)4-7-2020								
under the business name of Rosencrantz-Bernis Ent Inc Signature Do Galland								
Mail 1 white conv a	long with a fee of \$5.00 for	each constructed well to: Ka	nsas Denartment	of Health and Fi	vironment. Bureau of Wa	ater, GWTS Section		
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.kdneks.gov/waterweit/index.ntmi KSA 82a-1212 Revised 7/10/2015								