A. B.		\^/	ATER WELL REC	ORD Form	n WWC-5	KSA 82a-12	112			
1 LOCATION OF WAT	ER WELL:	Fraction	ATEN WELL NEC	JOND FOIL		on Number	Township Numb	er	Range Numbe	r
County: B	arton	NE	1/4 NW 1	1/4 NW	1/4	33	т 19	s	R 13	W
Distance and direction for			2410 10 ^t	if located wit ⁱⁿ Street, G	hin city? Freat Bend	d, KS				
2 WATER WELL OWN	IER: Grea	t Bend DKP	VIII, LLC							
RR#, St. Address, Box #	_# : 9010	Overlook B	lvd.				Board of Agricultu	re, Divis	ion of Water Resoι	ırces
City State 7IP Code	Bren	twood, TN 3	37027				Application Numb	er:		
LOCATE WELL'S LO	CATON WIT	· L			20	c. =1=1/	ATION	12	1/8 01	
AN "X" IN SECTION	BOX:	DEPIRC	F COMPLETED	WELL	20	π. ELEV	ATION:			
' Boos On bossessmoothis N	on a stantal brotom recent	Depth(s) Gro	undwater Encou	ntered 1.5	8-10) tt.	2	II. 3	07/45/4/	Ft.
		WELL'S STA	TIC WATER LEV	VEL10	./1ft. b	elow land st	ırface measured on r	no/day/yi	r	
NW	NE	P	ump test data:	Well water v	vas	Ft	. after	hours pu	imping	Gpm
0		Est. Yield	Gpm:	Well water v	vas	Ft	after	Hours pu	ımping	Gpm
Ž W	25/200000000000000000000000000000000000	E Bore Hole Di	ameter 8.5	In. to	20		ft. and	in.	to	Ft.
i i	! SE	1 Dome	R TO BE USED	AS: 5 Pub of 6 Oil	nic water su field water s	upolv upolv	ft. and 8 Air conditioning 9 Dewatering	12	Other (Specify be	low)
SW	SE	2 Irrigat	tion 4 Industr	ial 7 Lav	un and nard	an (domestic) 10 Monitoring we	2	MW-1	
		Z iiiiyai	non 4 mausi	al acceptant	un and gard	anartmant?	Yes No X	If yes	moldaylyr samnle y	Mac
S		l l	cal/bacteriologica	ai sampie su	binilited to D		er Well Disinfected?			rao
		Submitted	F 184	L. L	Q Canara		CASING JOINTS			
5 TYPE OF BLANK CA			5 Wrough	nt iron :os-Cement				Welde		
1 Steel	***************************************	P(SR)			,		-	NAMES AND ADDRESS OF THE PARTY	ded X	
2 PVC	4 ABS		7 Fibergl							
Blank casing diameter	2	in. to	5 Pt.,		In. to)	ft., Dia	ī	in. to	ft.
Casing height above lar	nd surface	FLUSH	In weight	SC	H 40	Lbs./ft.	Wall thickness or ga	uge No.	A P P P P P P P P P P P P P P P P P P P	
TYPE OF SCREEN OR	PERFORAT	ION MATERIAL	((), #0.9110		7	PVC	10 Asbesto	s-cemer	nt	
1 Steel				ass			11 Other (s			
2 Brass		vanized steel	6 Concre	ete tile		ABS	12. None us	sed (oper	n hole)	
SCREEN OR PERFOR	ATION OPEN				d wrapped		8 Saw cut	1	11 None (open ho	ıle)
1 Continuous slo	t ·	3 Mill slot		6 Wire wr	apped		9 Drilled holes			
2 Louvered shutt	er	4 Key punched		7 Torch o			10 Other (specify)			
SCREEN-PERFORATE	D INTERVAL	S: From	5	ft. to	20	ft. F	rom	ft. to)	ft.
		From		ft. to		ft. F	rom	ft. to)	Ft.
SAND PACK IN	ITERVALS:	From	4	ft. to	20	ft. F	rom	ft. to)	
		From		ft. to	- Total State Stat	ft. F	rom	ft. to)	Ft.
6 GROUT MATERIAL	: 1 Ne:	at cement	2 Cement gro	out	3 Bent	onite	4 Other			
	. 05		Ft.	2	Ft.	Λ	ft. From		ft to	ft
Grout Intervals From					to		ock pens	14 Aba	indoned water well	11.
What is the nearest sou	rce or possib	ie contamination 4 Lateral lir		7 Pit privy		11 Fuels	•		well/ Gas well	
1 Septic tank				8 Sewage la	agoon		zer storage) married and the contract of	er (specify below)	Name of Street, or other Persons
2 Sewer lines	, P	5 Cess poo		9 Feedyard	-		icide storage	Noting the second	ntaminated Si	te
3 Watertight sew	er lines	6 Seepage	pit	9 reedyald		How many	•	00,	itaminatou o	
Direction from well?	CODE	1171	HOLOGIC LOG		FROM	To		GING IN	TERVALS	
FROM TO 0.5	1 1	Concrete (~6			11(0)41					
$ \begin{array}{c cc} 0 & 0.5 \\ \hline 0.5 & 7 \end{array} $		Silty Clay	<u> </u>							
7 20		Sand		white the second				dammadamadama	4.21.38	
20 TD		End of Bore	hole							
				and the second s	ļ					
			191.4							
						-				
						 				e-Charles and a restricted which
7 CONTRACTOR'S C	R LANDOW	NER'S CERTIFIC	CATION: This wa	ater well was	(x) construc	cted, (2) reco	nstructed, or (3) plug	ged und	er my jurisdiction a	nd w
Completed on (mo/day	/yr)	0	7/14/14		And th	is record is t	rue to the best of my	knowled	ge and belief. Kan	sas
Water Well Contractor's	s License No.		585		This W	∕ater Well Re	ecord was completed	on (mo/d	day/yr) UO/UO	/14
		10000	siatod Envir	onmenta	I, Inc.	В	y (signature) Brac	ley 🎜	Jonasan	
INSTRUCTIONS:	Please fill in bl	anks and circle the	e correct answers.	Send three co	opies to Kans IER and retai	as Departmer n one for vour	nt of Health and Phyror records.`		Topel	∖Q,
Natisas 00020-000	. releptione.	U10-200-0040, 3	UNA ONO TO MATE			, 5 011		1	7	