	WELL R			WWC-5			ion of Water	20190192						
	Record			ge in Well Use			rces App. No.		Well ID					
			Fraction	1			Township Number Range Number							
County	: Barton			1/4 SW 1/4 SW			28 T 19 S R 13 □ E ■ W							
2 WELL OWNER: Last Name: Jackson First: James 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:					check here:						
Address:	663 W Ba	rton County	Road		2501 19	2501 19th Street, Great Bend								
Address: City:	Crost Bor		State: KS	ZIP: 67530	2001									
3 LOCATI	Great Ber							00.070	4-7					
WITH "		4 DEPTH	OF COM	APLETED WELL:	24	ft. 5 Latitude:								
SECTIO	Encountered: 1)					<u> </u>	.(decimal degrees)							
SECTION N			2)					tal Datum: 🗆 WGS 8		83 🗆 NAD 27				
		WELL'S STATIC WATER LEVEL:					Source for Latitude/Longitude:							
	1	below land surface, measured on (mo-day-yr)7-17-19					GPS (unit make/model:)							
NW	NE	above land surface, measured on (mo-day-yr)				• • • • • • • • • • • • • • • • • • • •								
w			Pump test data: Well water was ft.  after hours pumping gpm				☐ Land Survey ☐ Topographic Map							
W	W after hours pumping Well water was					Online Mapper:								
SW SE after hours pumping						gnm								
		stimated Vield opm				6 Elevation:ft. ☐ Ground Level ☐ TOC								
S Bore Hole Dia			iameter:16 in. to24 ft. and				Source: ☐ Land Survey ☐ GPS ☐ Topographic Map							
1 m	-	Don't Hole D		in. to	Cl Other									
7 WELL WATER TO BE USED AS:														
1. Domestic:				ater Supply: well ID.			10. ☐ Oil	Field Water Supply:	ease					
☐ Housel							11. Test Hole: well ID							
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID													
Livesto	Livestock 8. Monitoring: well ID							12. Geothermal: how many bores?						
2. Irrigati	rigation 9. Environmental Remediation: well ID a							Closed Loop    Horizontal    Vertical						
3.  Feedlo	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction							b) Open Loop    Surface Discharge    Inj. of Water						
4. 🔲 Industr	ial		Recovery	✓ Injection			13. 🔲 Oth	er (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 8 in to 24 ft. Diameter in to ft. Diameter in to ft. Diameter in to ft.														
Casing diameter 8 in. to 24 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: From24 ft. to4 ft., From ft. to ft., From ft. to ft.														
GRAVEL PACK INTERVALS: From														
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other														
Grout Intervals: From														
Nearest source of possible contamination:														
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage														
☐ Sewer			Cess Pool	☐ Sewage			Fuel Storage		doned Wate					
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well														
■ Other (Specify) House														
										NO DISTRIBUTE				
10 FROM	TO		THOLO	OGIC LOG	FRO	JM	TO I	LITHO. LOG (cont.)	or PLUGGI	NG INTERVALS				
0	5	Top soil												
5	22	Gravel- med	coarse											
22	24	Clay												
					Note	es:								
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)7-18-19 and this record is true to the best of my knowledge and belief.														
under my i	urisdiction a	and was comp	leted on (	mo-day-year)7	18-19	and	this record is	true to the best of	my knowle	edge and belief.				
Kansas Wa	ater Well Co	intractor's Lic	ense No.		water we	н кес	ora was com	ipieted on (mozgay-	year) o.	O-18				
under the b	ousiness nan	ne ofR <b>Ωs</b> €	ncrantz.	- Bemis Ent Inc		Si	gnatureC	Jana Cla	france					
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 his	p.//www.kdhel	cs.gov/waterwell/	index.html	Visit us at http://www.kdneks.gov/waterwell/index.htmj KSA 82a-1212 Revised 7/10/2015										