WATE	ER WELI	RECORD	Form	WWC-5		Division of W	ater	19,936				
Original	inal Record	Correction		e in Well Use		Resources App		19,930	Well ID			
1 LOC	ATION OF	WATER WE		Fraction		Section Num		Township Numb		ge Number		
Cou	nty: Barton	}		1/4 NE 1/4 SW		10		T 19 S		E W		
	L OWNER			First:			es who		GE	· LE W		
Busine	ss: Great I	Bend Feeding	st Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:									
Addres	s: East w	ater shed well	shed well									
	Address: PO Box 1506 1/4 South, 1 3/4 East of Heizer											
City:	Great I	Bend	State: KS	ZIP: 67530								
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:												
	I "X" IN			Encountered: 1)		π. 5 Lat	itude:	30.4130	<u> </u>	decimal degrees)		
SECT	ION BOX:			3) ft., or 4)		Lon	gitud	e:98.855	<u>05</u>	(decimal degrees)		
	N	WEI I 'S S'	τατις WA	TER LEVEL:	Dry we		izontal	Datum: WGS 84	I 🔳 NAD 8	33 🗆 NAD 27		
		helow l	land surface	, measured on (mo-day	-ve) 7-1-	19 Sour	rce for	Latitude/Longitude:	;			
NIN	above land surface, measured on (mo-day-yr)						and a contained model.					
11444	Pump test data: Well water was ft.						(m m cuttored: [] 162 [] 140)					
l w	E after hours pumping gpm						☐ Land Survey ☐ Topographic Map					
3	Well water was ft						☐ Online Mapper:					
SW-	SWSE after hours pumping											
		Estimated Y	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC					
	S Bore Hole Diameter:14 in. to71 ft. ar					Sour	Source: Land Survey GPS Topographic Map					
	mile			in. to	ft.			Other	••••••			
7 WELL WATER TO BE USED AS:												
1. Domesti		5.	Public Wa	ter Supply: well ID		10. 🔲 (Dil Fiel	d Water Supply: lea	ase			
	Household 6. Dewatering: how many wells?						10. ☐ Oil Field Water Supply: lease					
	J Lawn & Garden 7. ☐ Aquifer Recharge: well ID						☐ Cased ☐ Uncased ☐ Geotechnical					
	Livestock 8. Monitoring: well ID							12. Geothermal: how many bores?				
	☐ Irrigation 9. Environmental Remediation: well ID								l Vertic	al		
3. Feedl			Air Sparge		Extraction	b) (Open L	oop Surface Dis	charge [1]	ni of Water		
4. 🗌 Indus	strial		Recovery	☐ Injection		13. 🔲 C	Other (s	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 JOINTS: Glued Clamped Welded Threaded Casing diameter 8 in. to 71 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.												
Casing diameter												
Casing height above land surface												
1 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												
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From												
9 GROUI	I MATERI	AL: Neat ce	ement \square	Cement grout Be	ntonite [Other						
Grout Intervals: From												
Nearest source of possible contamination:												
☐ Septic Tank ☐ Lateral Lines												
_				☐ Sewage Lag		Fuel Storage		☐ Abandon		all		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) None.												
Direction from well? Distance from well? ft.												
10 FROM	TO		THOLOGI		FROM				LICONO	D Identify a v		
		Top soil			1 ROW	10	LILL	O. LOG (cont.) or P	LUUUING	MIEKVALS		
3		Brown clay				+						
26	33	Sand & grave	l w/ clay c	tronke		+						
33	46	Sand & grave			-	1						
		Sandstone	ir iigitt cla	/	-							
	71		المعام ومعان			-						
00 1/2	(1	Yellow clay &	gray snak	5	MY-A-							
					Notes:							
11 CONTRACTORS OF LANDOWNERS CERTIFICATION OF THE TOTAL O												
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)7-1-19												
Kansas Water Well Contractor's License on (110-day-year)												
under the business name of ruselicializ- demis Entinc Signature												
Mail I	white copy ale	ong with a fee of \$5	.00 for each c	onstructed well to: Kans	as Departmen	nt of Health and	Environ	ment Bureau of Weter	GWTS Sand	ion		
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.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												