WATER WELL RECORD Form WWC-5 Division of Water									
Original Record Correction						ources App. N		Well ID L	
	1 LOCATION OF WATER WELL: , Fraction				· · · · · · · · · · · · · · · · · · ·	tion Numbe			
County: Rice 4 NE 4 SE 4 NV									
2 WELL OWNER: Last Name: Luedke First: Brent Street or Rural Address where well is located (if unknown, distance a Business:									
	513 W N	oble		İ		ction from nearest town or intersection): If at owner's address, check here:			
Address:				· · · · · · · · · · · · · · · · · · ·	5 3/4 South	3/4 South, 3/4 East of Geneseo			
City: Lyons State: KS ZIP: 67554  3 LOCATE WELL									
WITH "X" IN 4 DEPTH OF COMPLETED WELL:						. 5 Latitu	ıde: 38.4312	21(decimal degrees)	
	SECTION BOX: Depth(s) Groundwater Encountered: 1)					Longi	itude: 98.137	24(decimal degrees)	
	2)					Horizo	ontal Datum:   WGS 8	4 <b>NAD 83</b> NAD 27	
		WELL S S I	AHC WA	, measured on (mo-day-	9 ft. .vr\ 9-16-19		e for Latitude/Longitude		
NW	NE	above la	and surface	, measured on (mo-day-	vr)	. <b>.</b>	(WAAS enabled?	)	
X		Pump test da	ata: Well v	vater was f	t.		and Survey  Topogr		
W	E	after	hour	s pumping	gpm				
sw	SE	after	well v	vater was f s pumping			VF United		
		Estimated Y	ield:	gpm		6 Eleva	tion:ft	. Ground Level TOC	
	S	Bore Hole D	Bore Hole Diameter: 10 in. to 140				e: 🗌 Land Survey 📕	GPS  Topographic Map	
11				in. to	ft.		Other	•••••	
7 WELL WATER TO BE USED AS:									
1. Domestic	or a racine mater supply: won in i.i					10. Oil Field Water Supply: lease			
	☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					11. Test Hole: well ID			
Livest	Livestock 8. Monitoring: well ID						nermal: how many bore:		
	2. ☐ Irrigation 9. Environmental Remediation: well ID					. a) Closed Loop   Horizontal   Vertical			
	3. Feedlot Air Sparge Soil Vapor I					b) O <sub>I</sub>	pen Loop   Surface Di	ischarge   Inj. of Water	
4. Industrial Recovery Injection 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 USED: □ Steel ■ PVC □ Other									
Casing diameter 5 in to 140 the Diameter 5 in									
Casing diameter 5 in to 140 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.									
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									
SCREEN-PERFORATED INTERVALS: From 140 ft to 100 ft From 80 ft to 70 ft From 8 to 8									
GRAVEL PACK INTERVALS: From									
GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
				ne Dit Deiter		Timeste etc De			
☐ 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 ☐ Feedvard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Direction from well?  Distance from well?  ft.									
10 FROM	TO TO	*	ITHOLO	Distance from we	ell?				
0	2	Top soil	THOLUC	aic LUG	FROM 108			PLUGGING INTERVALS	
2	28	Tan clay w/ c	aliche		100		<u>Sandstone- med ha</u> streaks	ra w/ clay & pyrite	
28	38	Mealy clay w		ock			oucano		
38	41	Gray & yellov							
41	55	Yellow, white							
55	61	Ironated rock							
61	71	Gray clay	Bray clay						
71 78 Sandstone- med hard									
78 108 Gray clay w/ pyrite & sandstone									
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) 9-16-19									
under my jurisdiction and was completed on (mo-day-year)9-16-19 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)10-3-19									
under the business name of Sussettofattiz Definis Etit ling Signature Signature									
Mail	I white copy a	long with a fee of S	55.00 for eac	ch constructed well to: Kan	sas Department	of Health and	Environment, Bureau of W	ater, GWTS Section.	
1000	) SW Jackson	St., Suite 420, Top	eka, Kansas				ne for your records. Teleph		
Visit us at http://www.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									