WATER	R WELL	RECORD	Form WWC-	5 1	Division o	of Water Re	sources App. No	o	011040	18	
		WATER WELL:				Number	Township N	lumber	Range N	umber	
	ecatur		SW ¼ NE ¼ NW ¼			16	T 1	27	R 2 7	□E ⊠W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here \(\Boxed{\omega}\). Global Positioning System (GPS) information: Latitude: (in decimal degrees)											
Latitude: (in dec									(in decimal	l degrees)	
					Elevat	ion:			(III decima	degrees	
2 WATE	R WELL	OWNER Scott &	Kristy Hanchera				84 TI NAD 8	3. II N	AD 27		
WATER WELL OWNER Scott & Kristy Hanchera RR#, St. Address, Box # 70502 rd 394					Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 Collection Method:						
City, State, ZIP Code Danbury, NE 69026						GPS unit (Make/Model:					
]	,	•	,		Di;	gital Map/Ph	oto, 🗖 Topograpi	hic Map,	☐ Land Sur	vey	
							3 m, □ 3-5 m, □			·	
3 LOCA	TE WELL	,									
WITH	AN "X" II	N 4 DEPTH OF	COMPLETED WELL		1	85	ft.				
SECTI	ON BOX:	Depth(s) Ground	water Encountered (1)			ft. (2)		ft. (3)		ft.	
	N	WELL'S STATIO	C WATER LEVEL		ft helow	land surfac	re measured on i	no/day/s			
 		l Pum	un test deter Well wete		ii. ociow	ft ofter	hou	ra numn	,, ina		
X		EST VIELD	p test data: Well wate	r was	·	ft after	IIOu	rs pump	ing	gpm	
Fyw	T-NE-	ESI. HELD	gpm: Well wate	r was		II. alter	nou	rs pump	ing	gpm	
w		E WELL WATER	TO BE USED AS:	Public wa	ter supply	Geoth	nermal	□ Injec	tion well		
	W Domestic ☐ Feedlot ☑ Oil field water s					□ Dewa	itering				
⊢sw	SE -		Industrial Domestic								
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No											
S If yes, mo/day/yr sample was submitted											
1	mile	Water Well Disir	nfected? 🗵 Yes 🗆	No							
5 TYPE (OF CASINO	USED: Steel	☑ PVC ☐ Othe	er							
CASING	OINTS:	☑ Glued ☐ Clamp	ned	Thre	aded						
CASING JOINTS: Glued											
Casing height above land surface 18 in. Weight 2.38 lbs /ft Wall thickness or gauge No 248											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)											
		ATIO <u>N</u> OPENINGS A	ARE:	_		_	_				
		Mill slot	☐ Gauze wrapped	Torch	cut	☐ Drilled	I holes □ N (specify)	one (op	en hole)		
		r	☐ Wire wrapped	Saw c	ut 105	☐ Other ((specify)				
SCREEN-P	ERFORATI	ED INTERVALS:	From 145	tt. to	185	tt., I	rom	It.	to	II.	
CP.	AMEL DACI	CINTERVALS:	From 20	II. IO	105	II., I	rom	II.	to		
GK/	AVELTACI	CINTERVALS:	From	ft. to	103	ft I	From	ft	to	ft.	
			From				10111	11.		· ¹ t•	
6 GROU	T MATERI	AL: ☐ Neat cemer	nt Cement grout 20 ft. From	ĭ⊠ B	entonite	☐ Other	[<u></u>				
Grout Inter	vals Fr	om U it. to	20 It. From	1	it. to	İ	t. From		II. IO	щ.	
	nearest sour	ce of possible contami Lateral lin		☐ Livest	aalt mana	□ Inco	cticide storage		Other (speci	fy balow)	
	ver lines	□ Cesspool		☐ Fuel s			indoned water w		Julei (speci	ly below)	
		er lines			zer storag		well/gas well	Noi	ne		
	from well	n nines = Scepage p	nt = 1 ccayara		ce from w		Won Bas Won	1101			
		LITILO	LOCICLOC	_,			O. LOG (cont.)	DI II	CCINC IN	TEDVAL C	
FROM	TO		LOGIC LOG	FRO				or PLU	GGING IN	IEKVALS	
2	15	Surface		178			w ochre/black	z cholo			
15	38	Loess Clay w/caliche strl	76	1/3	, 19	o reno	w ochre/blaci	Shale			
38	69	Sandstone w/clay		-							
69	90		stone w/caliche lenses	+		-					
90	121	Sandstone w/clay									
121	132	Fine sand w/clay le									
132	145		w/clay & caliche lense	s							
145	158	Caliche & clay w/s		-							
158 178 Fine sand w/clay & caliche strks											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my jurisdiction and was completed on (mo/day/year) 8/31/11 and this record is true to the best of my knowledge and belief											
		tractor's License No.	554 . This	Water W	ell Record	d was comp	leted on (mo/da	y/year)	9-		
		e of Woofter Pum	p & Well Inc.	by (sig	nature)		bus 1 h	ibi	16		
INSTRUCT	IONS: Please	fill in blanks and check the	correct answers. Send three	conies (whi	te blue ni	nk) to Kanes	s Department of I	lealth and	d Environmen	nt. Bureau o	
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kapsas Department of Health and Environment, Bureau o Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain											
one for your	records. Inclu	ide fee of \$5.00 for each	constructed well. Visit us at	http://www	w.kdheks.g	ov/waterwel	l/index.html.				