		RECORD		WWC-5		ivision of Wate				1 1		
				e in Well Use		sources App. 1			Well ID			
1 LOCATION OF WATER WELL: Fraction						Section Number Township Number Range Number						
County: Rice						32 T 20 S R 10 □ E ■ W ural Address where well is located (if unknown, distance and						
1	OWNER: 1	ast Name: Han	nmeke									
Business:							rection from nearest town or intersection): If at owner's address, check here:					
	Address: 228 NE 90 Ave 3/4 South, 2							mond				
City:	Great Be	nd	State: KS	ZIP: 67530			•					
	2 LOCATE WELL							38 2640	56			
	4 DEPTH OF COMPLETED WELL:55 ft.							5 Latitude: 38.264956 (decimal degrees) Longitude: 98.457852 (decimal degrees)				
SECTIO	SECTION BOX: Depth(s) Groundwater Encountered: 1)											
WELL'S STATIC WATER LEVEL:								Datum: WGS 84		83 LI NAD 27		
		below land surface, measured on (mo-day-yr)8-8-16				S. Source	Source for Latitude/Longitude: GPS (unit make/model:)					
NW	NE	above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No)					
\	NE	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map					
w 	-E	after hours pumping gpm					Online Mapper:					
Xw	er l		Well water was ft.									
sw	36	after hours pumping gpm				6 Flevs	ation	ı· A	□ Groune	Level D TOC		
		Estimated Y	Estimated Yield:gpm Bore Hole Diameter:10in. to55				6 Elevation:ft. ☐ Ground Level ☐ TOO Source: ☐ Land Survey ■ GPS ☐ Topographic Map					
	S nile	Bore Hole L	bore Hole Diameter:(x in. to			Other						
Time II. U												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
	Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID					
_	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID											
1	Livestock 8. Monitoring: well ID							nal: how many bores				
2. 🗌 Irrigati	-							i Loop 🔲 Horizon				
3. Feedlo	☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction						b) Open Loop Surface Discharge 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 ■ PYC ☐ Other CASING JOINTS: ■ Glued ☐ Clamped ☐ Welded ☐ Threaded												
Casing diameter 5 in to 55 ft. Diameter in to ft. Diameter in to ft.												
Casing height above land surface												
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: From												
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	Lines		Cess Pool			☐ Fuel Storage			oned Water			
☐ Watert	ight Sewer L	ines 🗆 S	Seepage Pit	t ☐ Feedyard		☐ Fertilizer St	orag	e ☐ Oil We	ell/Gas Well			
Other (Specify) None Distance from well? ft.												
										C DITERVALO		
10 FROM	TO	 		GIC LOG	FROM	10	LI	THO. LOG (cont.) or	PLUGGIN	GINTERVALS		
0	3	Sandy top so					-					
3	17	Soft sandy c		d al			-					
17	36			med clean coarse			<u> </u>					
36	39	Tan & yellow					-					
39	55	Sand & grav	ei- med (dean loose			-					
					N-4		L					
	Notes:											
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) .8-8-16 and this record is true to the best of my knowledge and belief.												
Kansas Wa	ter Well Co	ntractor's Lice	ense No.	134 This V	Vater Well I	ecord was co	mpl	eted on (mo-day-v	ear) .812	.16		
under the b	usiness nan	ne of Rosena	xantz Br	emis Ent.Inc		Signature		ma alle				
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.												
1		_		66612-1367. Mail one t			one f	or your records. Telepl				
Visit us at http	p://www.kdhel	s.gov/waterwell/i	ndex.html		KSA 82a	1212			Revised	1 7/10/2015		