WATEI	R WELL F	RECORD	Form V	WWC-5	D	ivision of Wat	er	7		
Origin	al Record	Correction	☐ Chang			sources App. 1		─ Well ID	L	
1 LOCATION OF WATER WELL:			Fraction		ection Numb	er Township Nu	mber Rar	per Range Number		
County: Barton 2 WELL OWNER: Last Name: Micssler Rusiness:				1/2W/4 NW	ا 1/40	36_	T 20	S R /	/ DEXW	
2 WELL Business	JOWNER: 1	ast Name: M;	ess/er	First: Tim	Street or R	ural Address	where well is locat	ed (if unknown,	distance and	
direction from nearest town or intersection): If at owner's address, check here: 1										
Address:										
	Great	Bend	State: KS	ZIP: 67530	2E 170 1	900. 300	16 1 74 Mil	e ENST 7	o well	
3 LOCAT		4 DEPTE	I OF COM	PLETED WELL:	110	A 5 7 44		By She	₫.	
	WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)					ft. Latitude:				
1	N 2) ft. 3)				☐ Dry Well	Long	ontal Datum:	NAD	(decimal degrees)	
WELL'S STATIC WAT				ΓER LEVEL: 5 2	ft.	Source	Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:			
below land surfa			and surface,	measured on (mo-day	-yr) 7-2 -		GPS (unit make/model:)			
above land			and surface,	surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well afterhou			ater was	ft.		☐ Land Survey ☐ Topographic Map			
1 1 1	' ' ' ' ' ' ' ' '			pumpingater was	gpm e		Online Mapper:			
≯ -SWSE after.			hours	pumping	u. onm					
		Estimated Yield:				6 Eleva	6 Elevation:ft. Ground Level TOC			
	S	Bore Hole Diameter: 10.78. in. to110			ft. and	. ft. and Source: Land Survey GPS Topographi			pographic Map	
	mile	1		in. to	ft.		☐ Other			
7 WELL WATER TO BE USED AS:										
1. Domestic		5. L	l Public Wat	er Supply: well ID			il Field Water Supply:	lease		
3	Household 6. ☐ Dewatering: how many wells? Lawn & Garden 7. ☐ Aquifer Recharge: well ID						11. Test Hole: well ID			
2. 🔲 Irrigat							nermai: now many bo	res?		
3. Feedle			Air Sparge	☐ Soil Vapor	Extraction	,	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. 🔲 Indust	rial		Recovery	☐ Injection		13. 🗖 Ot	ther (specify):	Discharge [ing. Of water	
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:										
Water well disinfected? XYes \(\sigma\) No										
8 TYPE OF CASING USED: Steel MPVC Other										
Casing diameter 5 in. to										
Casing height above land surface										
TIE OF BERLEN OR FERTORATION MATERIAL;										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ Other (Specify)										
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:										
The same of the sa										
Louvered Shutter										
SCREEN-PERFORATED INTERVALS: From 90 ft. to 110 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 110 ft. to ft.										
9 GROUT MATERIAL: Neat cement Cement grout Papertonite College										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 60 ft., From 30 ft., From ft., From ft. to ft.										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Inscripted Storage										
Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well										
	ight Sewer Lin	es 🗌 S	eepage Pit	☐ Feedyard		Fertilizer Sto	rage 🔲 Oil V	Vell/Gas Well		
Other (Specify) Direction from well? Distance from well?										
10 FROM	TO		ITHOLOG				LITHO LOC(- 1)		D Investor	
0	3	SANd	TOP SO		FROM	TO	LITHO. LOG (cont.)	or PLUGGING	INTERVALS	
5	10	-	clan		-					
10	20		Siandy	C/A.						
20	30		144	- ~	-			· · · · · · · · · · · · · · · · · · ·		
20 30 40	40	Ene	Sand		 					
40	75	BRNC			 	-				
75	80	vellar		clas.	Notes:	1				
75	110			Souds TAN						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year)										
under my jurisdiction and was completed on (mo-day-year)										
								ear) . 78	-20	
and the	usiness manne		KG. (.2 /	WATER DIE!	JUK.	onature		^	1	
1000	SW Jackson St	Suite 420 Tone	eka. Kaneae 60	constructed well to: Kan 6612-1367. Mail one to V	was Department	of Health and	environment, Larcau of	water, GWTS Se	ction,	
Visit us at http	://www.kdheks.s	gov/waterwell/in	dex.html	1307. Iviali one lo 1	KSA 82a-12	ner and retain on 212	ic for your records. Tele	phone 785-296-5 Revised 7)24. 1/10/2015	
					12			TZC VISCU	110/4013	