WATER WELL RECORD Form WWC-5 Division of Water													
		Correction		e in Well Use			rces App. No		1: 31 1	Well ID			
1 LOCATION OF WATER WELL:			Fraction	Section Number 22			Township Number T 20 S		Range Number R 13 □ E ■ W				
	/: Barton			½ SE ¼ SW ½									
		ast Name: Sup	pes	First: Tommy		Street or Rural Address where well is located (if unknown, distance an direction from nearest town or intersection): If at owner's address, check here							
Business: Address:		0 Road							check here:				
Address	134 SL 3	o rtoau			5S of Great Bend, KS								
City: Great Bend State: KS ZIP: 67530													
3 LOCAT			OF COM	IDI ETEN WELL.	75 ft 5 Letitude: (decimal dec								
WITH "				IPLETED WELL:75 ft. Encountered: 1) ft.			5 Latitude:						
	N BOX:			3) ft., or 4) □ Dry Well			Longitude:						
1	1	WELL'S ST	ATIC WA	TER LEVEL:	25 ft	-11				□ NAD	83 LI NAD 27		
		below la	below land surface, measured on (mo-day-yr). 03/30/16.					Source for Latitude/Longitude: GPS (unit make/model:)					
NW	NE			, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)						
				vater was ft.			☐ Land Survey ☐ Topographic Map						
w	Е	after		s pumping gpm			Online Mapper:						
sw	SE	a 0 a m		vater was ft.									
anci			hours pumping gpm Yield:60gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC						
			iciuv.s Diameter	: in. to ft. an			Source: Land Survey GPS Topogra						
	-			in. to					Other				
7 WELL WATER TO BE USED AS:													
1. Domestic	-			iter Supply: well ID			10. 🔲 Oil	Field Wate	er Supply: lea	se			
☐ House	hold	6. 🗆	Dewaterin	g: how many wells?			11. Test Hole: well ID						
				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical						
Liveste			g: well ID	12. Geothermal: how many bores?									
	. 🗆 Irrigation 9. Environmental Remediation: well ID							a) Closed Loop Horizontal Vertical					
	3. Feedlot Air Sparge Soil Vapor Extra							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 ■ PVC ☐ Other													
Casing diameter													
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													
				rire Wrapped S	aw Cut		ne (Open Ho	ole)	opeeny,				
SCREEN-I	PERFORAT	ED INTERVA	ALS: From	1.55 ft. to .75	ft., Fr	om	ft. to	<i>,</i> 1	t., From	ft. to	ft.		
GRAVEL PACK INTERVALS: From													
Grout Intervals: From													
Nearest sou	rce of possib	le contamination	on:										
Septic			Lateral Line				ivestock Pen	S	☐ Insectici				
☐ Sewer			Cess Pool	☐ Sewage L	agoon		uel Storage		☐ Abandor				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify) Direction from well? South Distance from well? .55 ft.													
10 FROM	TO		ITHOLO		FRO					PLUGGIN	G INTERVALS		
0		top sand	ATHOLOG	3.0 200	+ 1 100		.0 1		2 (VOII.) OF I	DOGGIN	SHILKIALS		
5	 	clay			+	+							
45	····	fine sand											
53		sand and gra	امرد				,						
33	 	clay bottom	4401	dani are i i i a a a a a a a a a a a a a a a a									
		ciay bottom											
				 	Notes				· · · · · · · · · · · · · · · · · · ·				
11 CONT	RACTOR'S	S OR LANDO	OWNER'S	S CERTIFICATIO	N: This	water	well was	construc	ted. recor	structed	or Dlugged		
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) .03/30/16 and this record is true to the best of my knowledge and belief.													
Kansas Water Well Contractor's License No186 This Water Well Record was completed on (mo-day-year) .04/04/16													
under the business name of Kelly's Water Well Service. Inc. Signature Kathun & Doad													
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 to				e for your re	cords. Telepho				
Visit us at htt	o://www.kdhek	s.gov/waterwell/ii	naex.html		KSA 82	<u>a-121</u>	۷			Kevised	17/10/2015		