WATE	R WELI	RECORD	Form	WWC-5	D	ivision of W	ater					
	■ Original Record ☐ Correction ☐ Change in Well Use				Resources App. No.				Well ID			
	LOCATION OF WATER WELL: Fraction					ection Number Township Number			er Ran	ge Number		
County: Barton ¼ NE ¼ NW ¼												
2 WELL OWNER: Last Name: Haddon First: Mitchell Street or Rural Address where well is located (if unknown, distance and												
	Business: direction from nearest town or intersection): If at owner's address, check here:											
Address: 621 SE 30 Avenue										_		
		репа	State. NO	ZIP: 67530								
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:										decimal degrees)		
SECTION BOX: Depth(s) Groundwater Encountered: 1)									5	decimal degrees)		
0.2011	N 2) ft., or 4) L1 Dry Well							Datum: WGS 84	MAD 8	33 🗆 NAD 27		
Art	WELL'S STATIC WATER LEVEL: 19 ft.							Source for Latitude/Longitude:				
X,								GPS (unit make/model:)				
NW -	-NWNE- □ above land surface, measured on (mo-day-yr)							(WAAS enabled? ☐ Yes ☐ No)				
w								☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
	Well water was							Mapper:		***************************************		
SW SE after hours pumping												
	Estimated Yield:gpm						6 Elevation:ft. ☐ Ground Level ☐ TOC					
	S Bore Hole Diameter:10 in. to60					Source: Land Survey GPS Topographic Map						
1 mile in. toft.												
7 WELL WATER TO BE USED AS:												
1. Domesti		5. 🗆	Public Wa	ter Supply: well ID	*****************	10. 🔲	Oil Fie	ld Water Supply: lea	se	**************		
☐ Hous		***************	. II. Tes	11. Test Hole: well ID								
71	Lawn & Garden 7. Aquifer Recharge: well ID						☐ Cased ☐ Uncased ☐ Geotechnical					
	Livestock 8. Monitoring: well ID 12. Geothermal: how many bores								***************************************	****		
2. Irriga							Closed	Loop Horizontal	☐ Vertic	al		
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Done Loop ☐ Surface Discharge								harge 🔲 J	nj. of Water			
4. Industrial Recovery Injection 13. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE?												
Water well disinfected? ■ Yes □ No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter 5 in to 60 ft., Diameter in to 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.												
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 60 ft. to 20 ft., From ft. to ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest sou	rce of possi	ble contaminatio	on:	, . 10111		11., 1 1011		1L W	11.			
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage												
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well												
☐ Watert	ight Sewer L	ines 🔲 Se	eepage Pit	Feedyard		Fertilizer St	torage	Oil Well/	Gas Well			
Other (Specify) None Direction from well? ft.												
10 FROM	TO		THOLOG	IC LOG	FROM	TO	LITH	IO. LOG (cont.) or PI	LUGGING :	INTERVALS		
0	4	Top soil										
4	19	Gray clay							RECEI	VED		
19	58			ned, clean, coarse					TILVE	V. for Lad		
58	60	Dark gray clay	У									
									JEC 23	2019		
Note						BUREAU OF WATER						
11 003		~ ~ ~ ~										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged												
Kanege West	under my jurisdiction and was completed on (mo-day-year)											
under the business name of Rosencrantz-Bemis Ent Inc. Signature Contractor (mo-day-year) 11-14-19												
Mail 1	white copy al	ong with a fee of \$5	.00 for each	constructed well to: Kansa	s Department	of Health and	Enviro	nment Bureau of W.	GWTC C	tion		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Witer, 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.												
Visit us at http	://www.kdhek	s.gov/waterwell/ind	lex.html		SA 82a-12				Revised 7/			

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