XZ A TENEDIÓ	NAZIENI I	I DECODD	Form WV	VC 5	Division of Water	r Resources App. No	MW-03	
		L RECORD OF WATER WELL:	Fraction	<u>v C-3</u>		Township No.	Range Number	
	y: McPl		SE ¼ NE ¼ SE	1/4 1/4	5	T 20 S	R 3 □E ☑W	
Count	D. WICE	ddwaga of Wall I coation;						
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here \(\bar{V} \). Global Positioning System (GPS) information: Latitude: .38,337,975								
From nearest town or intersection: If at owner's address, check here \(\begin{align*} \begin{align*} \lambda & \text{vision} \\ \text{Longitude: -97.6682} \\ \end{align*} \] Latitude: -97.6682								
Elevation: 1492							(in decimal degrees)	
					Datum: WGS 84, NAD 83, NAD 27			
2 WATER WELL OWNER: NCRA					Collection Method:			
RR#, Street Address, Box #: 2000 South Main Street					GPS unit (Make/Model:)			
	City, State, ZIP Code : McPherson, Kansas 67460					☑ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey		
City,	Est. Accuracy: \$\overline{\mathcal{L}} < 3 \text{ m, } \square 5-15 \text{ m, } \square >15 \text{ m}\$							
3 LOCATE WELL								
	WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 100 ft.							
	ION BOX	OX: Depth(s) Groundwater Encountered (1).88						
	N WELL'S STATIC WATER LEVEL. 89.94ft. below land surface measured on mo/day/yr12-16-13							
	Pump test data: Well water wasft. after hours pumping gpm							
	TOTAL YVIEN TO TAKE THE TAKE T							
w NW	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
w _	WELL WATER TO BE USED AS: Public water supply Geothermal Injection well							
'	Domestic D Feedlot D Oil field water supply D Dewatering D Other (Specify below)							
SW	SWSE Irrigation Industrial Domestic-lawn & garden Monitoring well							
	Was a chemical/bacteriological sample submitted to Department? Yes Y No							
	S If yes, mo/day/yr sample was submitted							
1 mile Water well disinfected? \[\sqrt{Yes} \sqrt{No} \]								
water win distincted. The light								
5 TYPE OF CASING USED: Steel PVC Other								
CASING JOINTS: Glued Clamped Welded Threaded								
Casing diameter .4. in to .100 ft., Diameter in to ft., Diameter ft., Diameter ft.								
Casing height above land surface 36 in., Weight 2.9 lbs./ft., Wall thickness or gauge No0.331								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)								
Brass Galvanized Steel None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
☐ Continuous slot								
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)								
SCREEN-PERFORATED INTERVALS: From								
From								
GRAVEL PACK INTERVALS: From								
From								
6 GROUT MATERIAL: Neat cement Cement grout Dentonite Other Concrete								
Grout Intervals: From ft. to .4 ft., From .4 ft. to ft. from ft. to ft. to ft. from ft. ft. from ft. from ft. ft. ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft.								
What is the nearest source of possible contamination:								
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)								
	Sewer lin		Sewage lagoon [Fuel storag		d water well		
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Direction from well Distance from well								
				ASSESSMENT OF THE OWNER, THE OWNE	TO TITLE	OG (cont.) DI I	IGGING INTERVALS	
FROM	TO	LITHOLOG	HC LUG	FROM	TO LITHO, L	OG (com.) or PLC	OUTING THIERVALS	
0	10	Clayey Silt						
10	26	Silty Clay		 				
26	36	Clayey Silt						
36	58	Fine sand						
58	71	Clay with medium san	d					
71	100	Fine to medium sand						
	-	······································						
······································								
				 				
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) .12/07/2013 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No. 5.9.7 This Water Well Record was completed on (mo/day/year) 120.13								
under the business name of Ascacle Ascillary de by (signature)								
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send one copy to								
Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.								
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at								
http://www.kdheks.gov/waterwell/index.html								