		RECORD		WWC-5			sion of Water	20170046	W-11 ID				
				ge in Well Use			urces App. No ion Number		Well ID	ge Number			
1 LOCATION OF WATER WELL: Fraction County: Rice						Seci	34	T 20 S		E W			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and													
							rection from nearest town or intersection): If at owner's address, check here:						
	Address: PO Box D Address: 23							3/4 North of Sterling					
City:	Moundrio	ige	State: KS	ZIP: 67107									
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						A	5 Latitu	38.267	0	(4			
WITH "		Encountered: 1)			5 Latitude: 38.2670 (decimal degrees) Longitude: 98.2003 (decimal degrees)								
1	N BOX:	2)	2) ft. 3) ft., or 4) 🗖 Dry				Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27						
		WELL'S ST	WELL'S STATIC WATER LEVEL:18.				7 Source for Latitude/Longitude: GPS (unit make/model:)						
			 ■ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr) 				■ GP						
NW	NE		imp test data: Well water was ft.				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map						
WX	w after hours pumping							line Mapper:					
9 8	well water was .												
	1		after hours pumping gpm Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC						
<u> </u>	S	Bore Hole D	Bore Hole Diameter:16 in. to70				Source: Land Survey GPS Topographic Map						
11			••	in. to			<u> </u>	☐ Other					
7 WELL WATER TO BE USED AS:													
1. Domestic	omestic: 5. ☐ Public Water Supply: well ID						□ Oil Field Water Supply: lease						
	Lawn & Garden 7. ☐ Aquifer Recharge: well ID						☐ Cased ☐ Uncased ☐ Geotechnical						
I - =	☐ Livestock 8. ☐ Monitoring: well ID						12. Geothermal: how many bores?						
	2. Irrigation 9. Environmental Remediation: well ID						a) Closed Loop Horizontal Vertical						
3. ☐ Feedlot ☐ Air S 4. ☐ Industrial ☐ Reco					r Extractio	n		b) Open Loop					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:													
8 TYPE OF CASING USED: Steel PVC Other CASING IONTS: Gled Clowned Welded Threaded													
Casing diameter 8 in to 70 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 18 in. Weight SDR-26 lbs/ft. Wall thickness or gauge No.													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)													
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													
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 □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well													
	ight Sewer Li		ess Pool eepage Pit	☐ Sewage I			Fuel Storage Fertilizer Stora		oned Water	Well			
□ Waterlight Sewer Lines													
Direction fro	m well?	West		Distance from									
10 FROM	TO		THOLO	GIC LOG	FRO	M	I OT	ITHO. LOG (cont.) o	PLUGGIN	G INTERVALS			
0 3		Top soil Sandy brown	clay										
9		Brown clay	ыау		-								
13			and & gravel- med clean coarse										
45	55	Tan clay											
55		and & gravel- small med clean coarse											
65	70	Gray clay	iray clay				Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
under my i	urisdiction a	ind was comple	eted on (n	no-day-year) 3-2	4-17	water and ti	wen was m	true to the best of m	onstructed, v knowled	or plugged re and belief			
Kansas Wa	ter Well Co	ntractor's Lice	nse No	134 This V	Vater Wei	Reco	ord was com	pleted on (mo-day-y	ear) 4-1	2-17			
under the b	usiness nam	ie ofRoser	icrantz . .l	Bemis.Ent Inc		Sig	nature C	Xona and	<u>ا</u>				
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.													
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015													