	R WELL I	for a state was correct memory and		VWC-5			vision of Wate					
		Correction [Change	in Well Use			ources App. N			Well ID		
				Fraction	Section Number				Township Numb		ge Number	
County: Rice						NE 1/4 28 T 21 S R 10						
2 WELL Business		Last Name: Hamn	neke	First: Clint								
Business: Address: 228 NE 90 Avenue direction from nearest town or intersection): If at owner's address, check										check here:		
Address: 2 1/4 South, 6 West of Alden												
City:	Great Be	nd Sta	ate: KS	ZIP: 67530								
3 LOCAT		4 DEPTH O	E COM	PLETED WELI		40 f	F 1 -4:4		38.197	1		
WITH '	THE RESERVE			incountered: 1)			. 5 Lauti	uae:	e: 98.423	! ខន	(decimal degrees)	
	2) ft. 3) ft., or 4) \(\square \text{Dry V}							ontal	Datum: WGS 84	1 MAID	(decimal degrees)	
	WELL'S STATIC WATER LEVEL: 10								Latitude/Longitude		55 L NAD 21	
	1 1	below land	below land surface, measured on (mo-day-yr). 3-27-2020					GPS (unit make/model:)				
NW	above land surface, measured on (mo-day-yr)							(**************************************				
w	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map					
	Well water was fi							☐ Online Mapper:				
SW	after hours pumping											
		Estimated Yiel	ld:	gpm				6 Elevation:ft. Ground Level TOC				
	S Bore Hole Diameter:10 in.					ft. and	Source		Land Survey GPS Topographic Map			
mile in. to ft. Other												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. The Public Water Supply: well ID 10. The City Field Water Supply: lease												
the same of the same of	Domestic: 5. ☐ Public Water Supply: well ID											
1	Dewatering: now many wells?							11. Test Hole: well ID				
1	Livestock 8. Monitoring: well ID						12 Geotl	☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?				
2. 🗌 Irrigat	☐ Irrigation 9. Environmental Remediation: well ID						a) Cl	a) Closed Loop Horizontal Vertical				
	 ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction 							b) Open Loop Surface Discharge Inj. of Water				
4. 🗌 Indust	☐ Injection		13. 🔲 Oi	13. Other (specify):								
Was a chemical/bacteriological sample submitted to KDHE? Tyes No If yes, date sample was submitted.												
Water well disinfected? ■ Yes □ No												
8 TYPE OF CASING USED. IT Steel I DVC II Od.												
Casing diameter												
Casing diameter												
TIPE OF SCREEN OR PERFORATION MATERIAL:												
Trockgass TVC												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
Louvered Shutter Key Punched Wire Wranged Saw Cut None (Open Hole)												
SCREEN-	PERFORAT	ED INTERVAL	S: From	40 ft to	20	ft From	ft to	1	ft From	ft to	A	
SCREEN-PERFORATED INTERVALS: From 40 ft. to 20 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 40 ft. to 17 ft., From ft. to ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest sou ☐ Septic	rce of possib	le contamination:	:									
Sewer		☐ Late	eral Lines				Livestock Pe			ide Storage		
	ight Sewer Li		page Pit	☐ Sewage ☐ Feedyar			Fuel Storage Fertilizer Sto		☐ Abando	ned Water	Well	
Other	(Specify)	None						•				
Direction fro	om well?			Distance from	wel	<u> 1?</u>			ft.			
10 FROM	10	LIT	HOLOG	IC LOG		FROM			HO. LOG (cont.) or		GINTERVALS	
0		Sandy top soil										
3	17	Soft sandy clay										
17	30	Sand & gravel-	small n	ned clean coars	е							
30		Gray clay	-									
34	40	Sand & gravel-	tine to	small clean		····						
						Notes:						
11 CONTRACTOR'S OR LANDOWNED'S CERTIFICATION. This												
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) 4-17-2020 and this record is true to the best of my knowledge and belief												
under my jurisdiction and was completed on (mo-day-year) 4-1.7-2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 134 This Water Well Record was completed on (mo-day-year) 4-30-2020												
under the t	usiness nam	C 01! 1773 C (10)	I AUULT.D	マルバタ・ほくしいしょ・・・・			gnature T	את	THE COLIS	No.		
under the business name ofRosencrantzBemis.Ent Inc												
1000	SW Jackson S	t., Suite 420, Topeka	a, Kansas 6	6612-1367. Mail one	to W	ater Well Own	ner and retain or	ne for	your records. Telepho			
visit us at the	er v.WV.Ranek	s gov/waterwell/inde	ex.ntmi		K	SA 82a-12	.12			Revised	7/10/2015	