WATER	WELL F	RECORD	Form '	WWC-5	Div	rision of Water					
Origina	Record [Correction	☐ Chang	ge in Well Use	Reso	ources App. No	0.	□ Well ID			
1 LOCATION OF WATER WELL: Fraction						tion Number	Township Num	ber Ran	ige Number		
County: Stafford /4 NE 1/4 SE 1/4 SI											
		act Name: Sch	nmitt	First: Carmen		ral Address v	where well is located	(if unknown	, distance and		
	2 WELL OWNER: Last Name: Schmitt First: Carmen Str Business:						ection from nearest town or intersection): If at owner's address, check here:				
Address: DO Roy 17						,					
Address: 1/4						North of Radium					
City:	Great Be	nd	State: KS	ZIP: 67530							
3 LOCAT					110 0				(1 : 11)		
	WITH "X" IN 4 DEPTH OF COMPLETED WELL:										
SECTION ROX. Depth(s) Groundwater Encountered: 1)						. ft. Longitude:					
	N 2)										
	WELL'S STATIC WATER LEVEL:38 below land surface, measured on (mo-day-yr)						for Latitude/Longitud				
							(WAAS enabled? ☐ Yes ☐ No)				
Pump test data: Well v							☐ Land Survey ☐ Topographic Map				
				s pumping		☐ U Or	Online Mapper:				
sw	SE	nfor		water was							
				s pumping	. gpm	6 Elevat	6 Elevation:				
	Estimated Yield: S Bore Hole Diameter:			gpiii	ft and		Source: Land Survey GPS Topographic Map				
						-	Other				
Time II. U											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
I. Domestic											
_	☐ Household 6. ☐ Dewatering: how many wells										
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					Cased Uncased Geotechnical					
_	Livestock 8. Monitoring: well ID						12. Geothermal: how many bores?				
	2. Irrigation 9. Environmental Remediation: well ID					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
3. Feedlo			Air Sparg		Extraction						
4. 🗌 Indust			Recovery				her (specify):				
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected? ■ Yes □ No											
8 TYPE C	OF CASINO	G USED: 🗆 S	Steel PV	C Other	CASI	NG JOINTS:	Glued Clamp	ed 🗌 Welde	d Threaded		
Casing diameter 5 in to 118 ft., Diameter in to ft., Diameter in to ft.											
Casing diameter 5 in to 118 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.											
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											
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other ☐ Other ☐ Grout Intervals: From ☐ ft. to ☐ ft., From ☐ 20 ☐ ft., From ☐ ft. to ☐ ft.											
		ole contaminat		II., I rom A.Y	. it. to	ת., 1 rom	п. ю	п.			
Septic			aon: Lateral Lin	es		Livestock Per	I	ticide Storage			
Sewer		_	Cess Pool	Sewage L		Fuel Storage	_	doned Water			
_	ight Sewer L		Seepage Pi			Fertilizer Sto		/ell/Gas Well			
Other	(Specify)	None	Scepage I II	i reedyard		rennizer 5to	rage 🗆 On w	en/Gas wen			
Other (Specify) None Direction from well?											
10 FROM	TO		LITHOLO		FROM		LITHO. LOG (cont.)		CINTEDVALS		
0	4	Top soil	211110120	OIC DOG	1 KOM	10	LATTIO, LOG (COIL.)	or I DOGGIN	O HATEKAVEO		
4	14					-					
		Tan clay				-					
14	32	Silty clay									
32	67		all med w/	clay streaks							
67	80	Tan clay				1					
80	90	Small grave									
90	104	Tan clay			Notes:						
104	118	Small grave	۱								
110 Siliali gravel											
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). 7-25-19 and this record is true to the best of my knowledge and belief											
under my jurisdiction and was completed on (mo-day-year)7-25-19 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year)8-12-19											
under the business name of Rosencrantz-Bemis Ent Inc. Signature											
Meil	1 white conv	long with a fee o	f \$5.00 for ea	ich constructed well to: K	ansas Denartmen	t of Health and	Environment, Bureau of	Water, GWTS	Section.		
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	U U TI JUUNOUII	5, Dane 720, 11	pena, ransa	2 23012 1307, Milli Olle p	KSA 82a-1	212		Revise	d 7/10/2015		