			n WWC-5											
			ange in Well Use		sources App. No		Well ID							
		ATER WELL:	Fraction	Section Number Township Number Range Number										
County: McPherson SE¼ SW¼ SE¼ NE¼ 7 T 21 S R 3 □ E ■														
2 WELL OWNER: Last Name: Schmidt First: Norman 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: 453 13th Address:														
City:	Inman	State: K	(S ZIP: 67546											
2 LOCATE WELL						20.220	4							
WITH "X" IN 4 DEPIH OF COMPLETED WELL:!							4(decimal degree							
SECTIO	N BOX:		ter Encountered: 1)		Longitu	Longitude: 97.6876 (decimal degrees)								
N	Ī		2) ft. 3) ft., or 4) \( \subseteq \subseteq \text{Dry Well} \) WELL'S STATIC WATER LEVEL: 60 ft.			Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:								
		1	below land surface, measured on (mo-day-yr)			or Latitude/Longitude	Garman 62S							
NW	NE		above land surface, measured on (mo-day-yr)											
NW	. 1	Pump test data: Well water was				(WAAS enabled? ☐ Yes ■ No) ☐ Land Survey ■ Topographic Map ☐ Online Mapper:								
w	<b>X</b> E													
	• ]													
SW	SE	after hours pumping gpm			6 Floresti									
		Estimated Yield:				n:								
1	3	Bore Hole Diameter		Source: ☐ Land Survey ■ GPS ☐ Topographic Map ☐ Other										
7 WELL WATER TO BE USED AS:   1. Domestic:   5. □ Public Water Supply:   well ID														
1. Domestic:	old													
■ Housel  □ Lawn &			6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID											
Livesto		8. Monito												
2. Irrigation			ental Remediation: well II			ed Loop   Horizon								
3. ☐ Feedlot ☐ Air Spa					,		ischarge  Inj. of Water							
4. Industr		☐ Recove												
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:														
			bilitied to RDHE:	103	11 yes, uate s	ampie was submitte	/d							
Water well disinfected? ■ Yes □ No  8 TYPE OF CASING USED: □ Steel ■ PVC □ Other														
Cosing diameter 5 in to 80 ft Diameter 5 in to 100 ft Diameter 5 in to 110 ft														
Casing diameter 5 in to 80 ft., Diameter 5 in to 100 ft., Diameter 5 in to 110 ft.  Casing height above land surface 2 in Weight 160 lbs./ft. Wall thickness or gauge No. 214														
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: From80														
GRAVEL PACK 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														
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specific) ☐ Home														
Other (Specify) .Home														
10 FROM	TO		LOGIC LOG	FROM			r PLUGGING INTERVAL							
0		Top soil	ZOGIC DOU	I KOWI	10 11	1110. DOG (WHL.) 0	LOGGING INTERVAL							
3		Brown clay		<del> </del>	<del>    -   -   -   -   -   -   -   -</del>									
	·	Tan clay		+	1									
			m. med. clean course	+	+ +	· · · · · · · · · · · · · · · · · · ·	<del></del>							
			-sm.w/ green clay ball		<del>                                     </del>									
	- 10	Cana a graver ille-	Sin.wi green clay ball	7	+									
				Notes:										
TYULUS.														
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) .4-28-2020 and this record is true to the best of my knowledge and belief.														
Kansas Wa	ter Well Co	ntractor's License No	2. 134 This W	ater Well R	ecord was com	leted on (mo-day-v	ear) 4-30-2020							
under the b	usiness nam	e of Rosengrantz-l	Bemis Ent.		Signature ! <b>Haw</b>	LUL OF OTHER	. <b>(</b>							
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Invironment, Bureau of Water, GWTS Section,														
			nsas 66612-1367. Mail one to			for your records. Telep								
Visit us at http	://www.kdhek	s.gov/waterwell/index.htm	ıl	KSA 82a-1	1212		Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015							