WATER				WWC-5			sion of Water			1	
	Record			e in Well Use			rces App. No.		Well ID		
1 LOCATION OF WATER WELL: Fraction						Section Number   Township Numb				nge Number	
County: Stafford											
	OWNER: L	ast Name: Spa	angenberg	First: Norman		Street or Rural Address where well is located (if unknown, distance and					
Business: Address: 1280 NE 40th Avenue						direction from nearest town or intersection): If at owner's address, check here:					
Address:	1200 NE	40th Avent	IG		1 1/2 N	1 1/2 North, 1 1/2 East of Hudson					
City:	Hudson		State: KS	ZIP: 67545							
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:							E Latitud	38.1294	1	(desimal degrees)	
WITH "				Encountered: 1)							
	SECTION BOX: Depth(s) Groundwater Encountered. 1)										
		WELL'S ST	WELL'S STATIC WATER LEVEL:12 ft.					or Latitude/Longitude		05 22 1412 27	
X	]	below land surface, measured on (mo-day-yr)4-9-18					GPS (unit make/model:)				
NW	NE		above land surface, measured on (mo-day-yr)				, , , , , , , , , , , , , , , , , , , ,				
	Pump test data: Well water was							☐ Land Survey ☐ Topographic Map			
W	E after hours pumping Well water was					Online Mapper:					
sw	- SW SE after hours pumping										
		Estimated \	Estimated Yield: 9pm				6 Elevation:t.  Ground Level  TOC				
5	3	Bore Hole I	Bore Hole Diameter:10 in. to90			. ft. and Source: Land Survey GPS Topograph					
1 n				in. to	ft.			Other			
7 WELL WATER TO BE USED AS:											
1. Domestic:				ater Supply: well ID.				Field Water Supply: 16			
	Household 6. ☐ Dewatering: how many wells?										
1 —	☐ Lawn & Garden       7. ☐ Aquifer Recharge: well ID         ■ Livestock       8. ☐ Monitoring: well ID										
	☐ Irrigation 9. Environmental Remediation: well ID										
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex						b) Open Loop  Surface Discharge  Inj. of Water				
4. 🔲 Industr	ial			☐ Injection			13.  Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:											
Water well disinfected? ■ Yes □ No											
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other CASING JOINTS: ■ Glued ☐ Clamped ☐ Welded ☐ Threaded											
Casing diameter 5 in to 90 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											
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: From90 ft. to70 ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From90 ft. to20 ft., From ft. to ft., From ft. ft.											
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other											
Grout Intervals: From											
Nearest source of possible contamination:											
☐ Septic		_	Lateral Lin				Livestock Pen		cide Storag		
			Cess Pool	☐ Sewage I			Fuel Storage Fertilizer Stor		oned Water		
□ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         ■ Other (Specify)      None											
Direction from well?											
10 FROM	TO		LITHOLO		FRE			ITHO. LOG (cont.) o		NG INTERVALS	
0		Top soil									
3		Soft sandy									
4	9	Gray sandy	clay							***	
9	29	Tan clay									
29	70			e sand streaks							
70	90	Sand & gra	vei- small	med clean coarse							
	Notes:										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
III CONT	KACTOR'	ond was some	UWNER	S CERTIFICATION A-C	UN: This 2-18	water	this record in	true to the best of a	onstructed	i, or ∐ plugged	
Kansas Wa	iter Well Co	ntractor's Li	cense No	134 This	Water We	. and Il Rec	ord was com	true to the best of n pleted on (mo-day-y	/ear)5	-4-18	
under the b	ousiness nan	ne ofR <b>os</b> e	encrantz-	.Bemis.Ent Inc		Sig	gnature	Scram alle	· · · · · · · · · · · · · · · · · · ·		
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.											
1000	SW Jackson	St., Suite 420, To	opeka, Kansa	s 66612-1367. Mail one				e for your records. Telep			
Visit us at hat	p://www.kdhel	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									