WATER WELL REC	ORD	Form V	VWC-5	D	livision of Wate	r Resources App. N	10	
1 LOCATION OF WAT		Fraction	* *************************************		ion Number		Range Number	
County: Stafford		1/4 NE 1/4 N		1/4	35	T 22 S	R 13 DE ZW	
Street/Rural Address of	Well Location;	if unknown, distance	& direction			System (GPS) is	nformation:	
from nearest town or in		owner's address, che	ck here	Latit	tude:	•••••	(in decimal degrees)	
1/2 South, 2 3/4 West of Hudson				Flev	Longitude: (in decimal degrees) Elevation:			
2 WATER WELL OWNER: Allen Long				— Datu	Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27			
RR#, Street Address, Box #: 940 NE 20th Avenue				Colle	Collection Method:  ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
City, State, ZIP Code : St. John, Ks 67576			H					
	St. 30111	., KS 0/3/0		Est.	Accuracy: $\square$ <	3 m, 3-5 m,	] 5-15 m,	
3 LOCATE WELL WITH AN "X" IN	A DEPTH OF	COMDUTERS WE	r					
SECTION BOX:	"X" IN 4 DEPTH OF COMPLETED WELL 60 ft.  BOX: Depth(s) Groundwater Encountered (1) ft (2)							
SECTION BOX:  N  Depth(s) Groundwater Encountered (1)						lav/vr. 7/2/12		
	Pump	test data: well wa	ter was		t. after	hours num	ning anm	
NWNE	EST. YIELD.N/	Agpm. Well wat	ter was	f	t after	hours num	ning	
WE	WELL WATER	eter 10 in. to	Dublic m	tt., and	in.	to		
SW SE	Domestic	TO BE USED AS:	Oil field w	ater supp ater sunn	ly $\Box$ Ge	ounermal []	Injection well Other (Specify below)	
	☐ Irrigation	Industrial	Domestic-l	awn & g	arden 🔲 Mo	nitoring well S	tock	
	Was a chemical/	bacteriological samp	le submitted	to Depar	tment?	Yes 🗹 No		
S	If yes, mo/	day/yr sample was si	ubmitted	• • • • • • • • • • • • • • • • • • • •				
		fected? 📝 Yes 🗆						
5 TYPE OF CASING US	ED: Steel	<b>₽</b> PVC □	Other					
CASING JOINTS: O Casing diameter .5	in to 60	f Dismeter	Thread	ed .	a n	·		
Casing height above land	surface. 18	in. Weigh	ht SDR-26	الله الم	ft. Wall thic	kness or gauge N	in. to ft.	
TIPE OF SCREEN OR P.	ERFORATION I	MATERIAL:	ut (**********		it., wan unc	kness or gauge in	0	
	less Steel	Z PVC	[	Other (	(Specify)	****	•••••	
Brass Galva	anized Steel	None used (open	hole)					
Continuous slot		Gauze wrapped	☐ Torch cut	□Dr	illed holes	☐ None (open hol	e)	
Louvered shutter [	Key nunched	Wire wranned	J Saw cut		har (chaoifu)	•		
SCREEN-PERFORATED	INTERVALS:	From	. ft. to40		ft., From	ft.	to ft	
GRAVEL PACK	INTERVALS	From 60	. It. to	• • • • • • • • • • • • • • • • • • • •	ft., From	ft.	to ft.	
	Tarana (1986)	rom	. ft. to		ft From	ft.	to A	
6 GROUT MATERIAL:	☐ Neat ceme	nt Cement grou	ut 🛮 Bent	onite [	Other			
Grout Intervals: From.	ft. to	ft., Fro	m .20	. ft. to . ?	) ft.,	From	ft. toft.	
What is the nearest source of Septic tank	oi possible conta	mination:						
Sewer lines Cesspool Sewage lagoon			Livestock Fuel store	c pens	☐ Insecticide ☐ Abandoned	storage V Oth	ner (specify below)	
Watertight sewer lin	es 🔲 Seepage pi	it Feedvard	Fertilizer		Oil well/ga	s well None	e	
Direction from well	LITTINGLO					• • • • • • • • • • • • • • • • • • • •	***************************************	
FROM TO Tan clay	LITHOLOG	IC LOG	FROM	TO	LITHO. LC	OG (cont.) <u>or</u> PLU	IGGING INTERVALS	
	ravel- med							
Sanu & C	araver HIGU			<b> </b>				
						,		
7 CONTRACTOR'S OR	LANDOWNER	'S CERTIFICATIO	DN: This wa	ter well s	was 7 constru	icted Traconst	ucted or Tubered	
	as completed on	i (mo/dav/vear) . ! / 4/	14	and this r	ecord is true to	the best of my b	novuladas and haliaf	
under my jurisaiction and v		104	337-4 337 11	Record is	inc namulated	an (man/dan/an)	7/11/19	
Kansas Water Well Contrac	nor's License No	1his	water well	ixecoru w	vas completeu	on (mo/day/year)		
Kansas Water Well Contract under the business name of	Rosencrantz.	- bemis		hy (s	sionature) 🥰	Kran . To A	<i>t</i> 1	
Kansas Water Well Contract under the business name of INSTRUCTIONS: Use typewrit (white, blue, pink) to Kansas Den	Rosencrantz er or ball point pen. ar timent of Health a	PLEASE PRESS FIRMI	LY and PRINT o	by (s	signature)	and check the correct	t answers. Send three copie	
Kansas Water Well Contraction and values of the business name of	Rosencrantz er or ball point pen. ar tment of Health a one copy to WATE	PLEASE PRESS FIRMI	LY and PRINT o	by (s	signature)	and check the correct	t answers. Send three copi	