LOCATION OF WATER WELL: Fraction // SW //	WATE	R WEI	L RECORD	Form W	WC-5	Division of Wate	er Resources App. N	HG-036	
County: Hodgeman									
Street-Kural Address of Well Location; if at owner's address, check here Lattice: Indeximal degrees Longitude: Indeximal d	1 · · ·				1/4 SW 1/4	1		. •	
from nearest town or intersection: If at owner's address, check here					Global Positioning	<u> </u>			
Longitude									
Elevation:	<u> </u>								
Datus: WATER WELL OWNER: James Cure RRR, Street Address, 80x #: 501 S. Broadway Street Gliss in Method: GFS unit (Make/Model: GFS unit (3/4 South Of Gray								
2 WATER WELL OWNER:						Datum: ☐ WGS 84. ☐ NAD 83. ☐ NAD 27			
Digital Mapy Land Survey Est. Accuracy Str. Land Survey Land Survey Est. Accuracy Str. Land Survey Land Sur			Quillou V	Cure					
SLOCATE WELL WITHAN "X" IN SECTION BOX Depths) Groundwater Encountered 10.		•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Broadway Street					
SECTION BOX: No. Section Box	City	, State, Z	IP Code : Haston.	KS 67849					
WITH AN "X" IN SECTION BOX: by the property of the control of the						Est. Accuracy: -	<3 m, 🔲 3-5 m, 🗀] 5-15 m, □ >15 m	
SECTION BOX: Depth(s) Groundwater Encountered (1),			LL	OMENI PEREN MENI	- αΛ	0			
WELL'S STATIC WATER LEVEL									
Pump test data: Well water was .ft. after hours pumping. 22.0 gpm well water was .ft. after hours pumping. 22.0 gpm well water was .ft. after hours pumping. 22.0 gpm bore flole Diameter &ft in to .90 ft. and in to ft ft.	SEC.	SECTION BOX: Depth(s) Groundwater Encountered (1)							
STYPE OF CASING USED: Steel PVC Other Specify Sort Steel Standard Standard Steel Standard St		WELL'S STATIC WATER LEVEL							
Bore Hole Diameter 26 in. to .90 ft. and in. to ft ft ft	Pump test data: Well water wastt. after hours pumping gpm								
WELL WATER TO BE USED AS:									
Sw. SE Domestic Feedlot Oli field water supply Dwatering Olher (Specify below) Irigation Industrial Domestic-leawn & garden Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No If yes, moday/yr sample was submitted. Sweather Swe	W								
Irrigation Industrial Domestic-lawn & garden Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/ry sample was submitted. If yes, mo/day/ry sample was submitted. Yes No State well disinfected? Yes No No Water well disinfected? Yes No No Other No Other State State State Yes No Other State									
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mod/day/yr sample was submitted. Water well disinfected? Yes No No No No No No No N									
STYPE OF CASING USED: Steel PVC Other	✓ Irrigation								
Mater well disinfected? Mater well welded Threaded Casing diameter .16. in. to .90. ft. , Diameter in. to ft. Casing diameter .16. in. to .90. ft. , Diameter in. to ft. Casing height above land surface .18. in. , Weight SCH .49. Ibs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stanices Steel PVC Other (Specify) Other (Specify) Steel Stanices Steel PVC Other (Specify) Other (Specify) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Other (Specify) SCREEN-PERFORATED INTERVALS: From .80. ft. to .50. ft. From ft. to ft. From	was a chemical/bacteriological sample submitted to Department? \(\sqrt{Yes} \) No								
STYPE OF CASING JUSED: Steel PVC Other									
CASING JOINTS:	Water well disinfected? ✓ Yes □ No								
Casing diameter .16 in. to .90 ft. Diameter in. to ft. Diameter in. to ft. Diameter in. to ft. Casing height above land surface .18 in., Weight .5ch .90 ibs./ft., Wall thickness or gauge No	5 TYPE OF CASING USED: Steel PVC Other								
Casing diameter .16 in. to .90 ft. Diameter in. to ft. Diameter in. to ft. Diameter in. to ft. Casing height above land surface .18 in., Weight .5ch .90 ibs./ft., Wall thickness or gauge No	CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded								
Casing height above land surface .18. in, Weight Sch 49lbs./ft., Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: None used (open hole) Other (Specify) Other (Specify)	Casing diameter .16. in. to .90 ft., Diameter in. to ft., Diameter in. to ft.								
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stanless Steel Mone used (open hole)	Casing height above land surface. 18 in. Weight Sch 40 lbs./ft. Wall thickness or gauge No								
Brass Galvanized Steel None used (open hole)	TYPE OF SCREEN OR PERFORATION MATERIAL:								
SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Mill slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Gauze wrapped Torch cut Drilled holes None (open hole) Continuous slot Gauze wrapped Torch cut Drilled holes Torch cut Torch									
Continuous slot Mill slot Gauze wrapped Torch cut Dritled holes None (open hole)	Brass Galvanized Steel None used (open hole)								
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)	SCREEN OR PERFORATION OPENINGS ARE:								
SCREEN-PERFORATED INTERVALS: From 80. ft. to 60. ft., From ft. to ft. From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft. ft., From ft. to ft., From ft. to ft. ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.	☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)								
From	☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)								
GRAVEL PACK INTERVALS: From. 90 ft. to 20 ft., From ft. to ft.	SCREEN-PERFORATED INTERVALS: From								
From ft. to ft. From ft. From ft. To ft. From ft. From ft. From ft. To ft. From ft	from								
6 GROUT MATERIAL: Neat cement Cement grout Grout Intervals: From ft. to ft. to ft. ft. of ft. to ft. ft. of ft. of ft. to ft. of ft. to ft. of ft. to ft. of	GRAVEL PACK INTERVALS: From								
Grout Intervals: From									
What is the nearest source of possible contamination: Septic tank Cesspool Sewage lagoon Watertight sewer lines Direction from well Direction from well LITHOLOGIC LOG FROM TO LITHOLOGIC LOG TO FROM TO LITHOLOGIC LOG TO FROM TO FROM TO TO SU TUP TO	o GRUUI WATERIAL: Neat cement Cement grout W Bentonite Other								
Septic tank	Grout Intervals: From								
Sewage lagoon Fuel storage Abandoned water well None Direction from well Seepage pit Feedyard Fertilizer storage Oil well/gas well None Distance from well None Distance from well Distance from well None Distance from well None Distance from well None Distance from well Distance from									
Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well None	☐ Septer lines ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below)								
Distance from well FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 4 Top soil 4 7 Gray clay 7 39 Tan sandy clay 39 58 Gray clay 58 78 Med sand & gravel w/ flat rock 78 90 Light gray & yellow shale 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was completed on (mo/day/year) 1.2-27.12	_							Э	
FROM TO LITHOLOGIC LOG FROM TO LITHOLOG (cont.) or PLUGGING INTERVALS 0								• • • • • • • • • • • • • • • • • • • •	
0 4 Top soil 4 7 Gray clay 7 39 Tan sandy clay 39 58 Gray clay 58 78 Med sand & gravel w/ flat rock 78 90 Light gray & yellow shale 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 contractor's Uccessive to the best of my knowledge and belief. 7 kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 1.15-13 1. Instructions: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Depar tment of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. Telephørie 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I nclude fee of \$5.00 for each constructed well. Vi sit us at http://www.kdheks.gov/waterwell/index.html.			LITHOLOG	IC LOG					
4 7 Gray clay 7 39 Tan sandy clay 39 58 Gray clay 58 78 Med sand & gravel w/ flat rock 78 90 Light gray & yellow shale 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 8 constructed, □ reconstructed, or □ plugged 9 plugged 9 under my jurisdiction and was completed on (mo/day/year) .1-15-13		+				JULIAN DI	o com. joi i i c	COMITO HITERYALD	
7 39 Tan sandy clay 39 58 Gray clay 58 78 Med sand & gravel w/ flat rock 78 90 Light gray & yellow shale 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, □ reconstructed, or □ plugged under my jurisdiction and was completed on (mo/day/year) .12-2712									
39 58 Gray clay 58 78 Med sand & gravel w/ flat rock 78 90 Light gray & yellow shale 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 8 Constructed, □ reconstructed, □		<u> </u>							
78 90 Light gray & yellow shale 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year) .12-27-12									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was and constructed, or plugged under my jurisdiction and was completed on (mo/day/year) .1.2-2712				at rock					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was and constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12-27-12		,					<u> </u>		
under my jurisdiction and was completed on (mo/day/year) .12-27-12	10	ลก	Light gray & yellow sha	le					
under my jurisdiction and was completed on (mo/day/year) .12-27-12	<u> </u>								
under my jurisdiction and was completed on (mo/day/year) .12-27-12		 							
under my jurisdiction and was completed on (mo/day/year) .12-27-12									
under my jurisdiction and was completed on (mo/day/year) .12-27-12				···,					
Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 1-15-13. under the business name of Rosencrantz-Bemis by (signature) Description of Rosencrantz-Bemis by (signature) INSTRUCTIONS: Use ty pewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Depar tment of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Vi sit us at http://www.kdheks.gov/waterwell/index.html.	7 CONT	TRACTO	R'S OR LANDOWNER	'S CERTIFICATION	: This wate	r well was 🖊 constr	ucted, 🗌 reconstr	ucted, or plugged	
under the business name of Rosencrantz-Bemis by (signature) Segmentary Semis Send three copies (white, blue, pink) to Kansas Department of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Vi sit us at http://www.kdheks.gov/waterwell/index.html.	under m	y jurisdic	tion and was completed or	ı (mo/day/year) .12-27	′12 an	d this record is true t	to the best of my k	mowledge and belief.	
INSTRUCTIONS: Use ty pewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Depar truent of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include <u>fee</u> of \$5.00 for each <u>constructed</u> well. Vi sit us at http://www.kdheks.gov/waterwell/index.html .	Kansas V	Water We	ell Contractor's License No	o1.34 This W	ater Well Re	cord was completed	on (mo/day/year)	1-15-13	
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http://www.kdheks.gov/waterwell/index.html.	(White, blue). Telephate	ue, pink) to . 785_206_6	Kansas Depar tment of Health a	ing E nvironment, Bureau o	t Water, Geolog	gy Section, 1000 SW Ja	ckson St., Suite 420,	Topeka, Kansas 66612-1367.	
	http://www	w.kdheks.go	ov/waterwell/index.html.	A WELL OWNER MIGT	Judin One tor yo	om records. Triciade <u>186</u>	2 or 35.00 for each co	uisu ucieu weii. Vi sit us at	
						Check: X W	ite Copy. Rh	ie Copy. Pink Copy	