WAILK WI	ELL RECORD	Form W	WC-5	Div	ision of water	Resources App. N	0.	
1 LOCATIO	N OF WATER WELL:	Fraction		Section	n Number	Township No.	Range Number	
County: R	eno	NW 1/4 NE 1/4 SE	1/4 SE 1/4		29		R 6 □E 🗹 W	
Street/Rural Address of Well Location; if unknown, distance & direction					Global Positioning System (GPS) information:			
from nearest town or intersection: If at owner's address, check here					Latitude: .38.10337 (in decimal degrees)			
from nearest town of intersection. If at owner standards, enear nere					Longitude: 097.99810 (in decimal degrees)			
					Elevation: 1556			
					Datum: WGS 84, V NAD 83, NAD 27			
2 WATER WELL OWNER: Terry VanBuren					Collection Method:			
RR#, Street Address, Box #: 4501 N. Wilson Road					GPS unit (Make/Model: Garmin csx			
City Otto 7TD C 1					☐ Digital Map/Photo, ☑ Topographic Map, ☐ Land Survey			
City, State, ZIP Code : Hutchinson, Kansas 67502					Est. Accuracy: \square <3 m, \square 3-5 m, \square 5-15 m			
3 LOCATE W	VELL			1 200. 110	ouracy.	э m, э э m,	3-13 III, 13 III	
WITH AN	X" IN 4 DEPTH OF	COMPLETED WELI	. 40		ft			
	SECTION BOX: Depth(s) Groundwater Encountered (1)							
N WELL'S STATIC WATER LEVEL. 15								
Pump test data: Well water was								
	Pump	test data: Well water	was	IL.	alter	nours pum	oing gpm	
NW	NE EST. TIELD	gpm. Well water	was	II. 8	aner	nours pum	ping gpm	
W	E Bore Hole Diam	eter 10 in to .4	1 2 1 1	T., and	in.	to	It.	
		TO BE USED AS:				othermal \coprod I	njection well	
Domestic Decify below)								
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well STOCK								
Was a chemical/bacteriological sample submitted to Department? Yes No								
S If yes, mo/day/yr sample was submitted								
Water well disinfected? ✓ Yes □ No								
5 TYPE OF CASING USED: Steel V PVC Other CASING JOINTS: Glued Clamped Welded Threaded								
CASING JOIN	115: E Glued Clar	npea ∐ weided	i hreaded					
Casing diameter 5 in. to 30 ft., Diameter in. to ft., Diameter in. to ft.								
Casing height above land surface14								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)								
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)								
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 30 ft. to 40 ft., From ft. to ft.								
SCREEN-PER	RFORATED INTERVALS:	From fi	t. to4U		ft., From	ft. t	o ft.	
		From f	t. to		ft., From	ft. t	o ft.	
GRA'	VEL PACK INTERVALS:	Fromf	t. to15		ft., From	ft. 1	to ft.	
		From f	t. to		ft., From	ft. t	o ft.	
From								
Grout Intervals: From 15 ft. to 0 ft., From ft. to ft. to ft. ft.								
What is the nea	rest source of possible conta	mination:			,			
	tank 🛮 🗹 Lateral lin	es Pit privy	Livestock r	ens [Insecticide :	storage	er (specify below)	
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well								
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well								
Direction from	om well South		Distance	from well	1100'		***************************************	
FROM TO	LITHOLOG	IC LOG	FROM				GGING INTERVALS	
0 2	Sandy top soil							
2 8	Brown clay							
8 40	Medium sand and grave	اد						
- - - - - - - - - - 	wedium sand and grave	71						
								
					· · · · · · · · · · · · · · · · · · ·			
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) .6-22-2012 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) 7-2-2012.								
under the business name of Rosencrantz-Remis Ent								
under the business name of Rosencrantz-Bernis Ent. by (signature) Dades								
INSTRUCTIONS: Use typewriter 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 tment of Health and E nvironment, Bureau of W ater, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367.								
Telephone 785-29	6-5524. Send one copy to WATI	R WELL OWNER and a	tain one for v	gy section,	Include for	of \$5.00 for each care	opeka, Kansas 666 12-1367.	
http://www.kdheks	gov/waterwell/index.html.	A WELL OWNER AND IC	will offe for y	of records.	. Therade <u>ree</u>	or 33.00 for each con	structed well. Vi sit us at	
KSA 82a-1212				Che	ck: 7 1175	te Copy Div	e Copy, Pink Copy	
				CHE	CK. [X] AA []]	с сору, <u></u> ви	c copy, I rink copy	