WATER V			Form V			Division of W					
Original F				e in Well Use		esources App			Well ID		
1 LOCATION OF WATER WELL: County: Reno				Fraction	Section Number			Township Numb T 22 S		nge Number	
				SE 1/4 NW 1/4 NW 1						6 □ E ■ W	
2 WELL O Business:	First:		Rural Address where well is located (if unknown, distance and m nearest town or intersection): If at owner's address, check here:								
Address: P.O. Box 1067 Address: East side of							wastewater ponds, about 3,340 ft east and 215 ft				
City: Hutchinson State: KS ZIP: 67504						north of int. of Wilson Rd. and Willowbrook Dr.					
3 LOCATE		4 DEPTH	OF COM	PLETED WELL:	1.5.8	ft. 5 La	titude	38.09892	9 N	(decimal degrees)	
WITH "X"	I			incountered: 1)			Longitude: 97.984914 W(decimal degrees)				
N N	BOA.			) ft., or 4)		Но	rizonta	Datum: WGS 84	4 🗆 NAD	83 🗆 NAD 27	
			TER LEVEL:1			Source for Latitude/Longitude:					
x				measured on (mo-day measured on (mo-day			GPS (unit make/model:)				
NW NE -     above land surface,   Pump test data: Well wa					l l	(WAAS enabled? ☐ Yes ☐ No)					
				umping gpm			☐ Land Survey ☐ Topographic Map ■ Online Mapper: Google Earth				
			ater was	ft.			pp				
after nours			pumping	mping gpm				Group	A Laval T TOC		
Estimated Yield:  Bore Hole Diameter:			gpm	Sou	6 Elevation: 1,555						
							Other				
1 mile  Other											
1. Domestic:	TILK 10			er Supply: well ID		10. 🗆	Oil Fie	eld Water Supply: le	ase		
☐ Househo	☐ Household 6. ☐ Dewatering			g: how many wells?	11. Te	11. Test Hole: well ID					
☐ Lawn & Garden 7. ☐ Aquifer Re			charge: well ID		☐ Cased ☐ Uncased ☐ Geotechnical						
_				: well ID			al: how many bores				
l — -				Remediation: well I	. a)	a) Closed Loop    Horizontal    Vertical					
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery			☐ Soil Vapor ☐ Injection					Surface Discharge  Inj. of Water			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:											
8 TYPE OF CASING USED:  Steel PVC Other											
Casing diameter											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
Steel	☐ Stainle		☐ Fiberg				Other (	Specify)	• • • • • • • • • • • • • • • • • • • •		
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:  ☐ Continuous Slot											
_		_			oren Cut 🔲	None (Oner	es ∐ Hole)	Other (Specify)	• • • • • • • • • • • • • • • • • • • •		
	☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From .5.5 ft. to .15.5 ft., From ft. to ft. to ft.										
GRAVEL PACK INTERVALS: From4.9 ft. to16.0 ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement  Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source				□ n: n:		<b>7</b>	D		. 1 . 0.		
☐ Septic Ta			Lateral Lines Cess Pool	☐ Pit Privy ■ Sewage La		<ul><li>☐ Livestock</li><li>☐ Fuel Stora</li></ul>		<del></del>	ide Storage ned Water		
	nt Sewer Line		Seepage Pit	☐ Feedyard		Fertilizer			ll/Gas Well	VV CII	
☐ Other (Sp	ecify)			_ ,			_				
Direction from	well?vv.es	<u> I</u>	<u>.</u>	Distance from w	/ell?!						
10 FROM 5	TO		ITHOLOG	IC LOG	FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
5 6		ay andy clay					-				
6 16		andy clay	avel .			-	-				
	0 00	and and gre	2001		<del> </del>						
-						+					
					-						
					Notes:						
					Tiotes.					`	
_ / 1/											
11 CONTRA	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)										
under my juri	isdiction and	l was compl	eted on (me	o-dav-year)4/	12/18 an	d this recor	d is tru	ne to the best of the	knowled	ge and belief.	
Kansas Water	r Well Conti	ractor's Lice	nse No n Consult	<sup>416</sup> This W	ater Well R	ecord was o	omple	reading mo-day	ar)		
Mail 1 w	white copy along	g with a fee of	\$5.00 for each	constructed well to: Ka	nsas Departme	nt of Health a	nd Envi	ronment, Bureau of Wa	ter, GWIS	Section,	
under the business name of Terracon Consultants, Inc.  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 Jetain one for your records. Telephone 185-296-5524.											
Visit us at http://www.kdhcks.gov/waterwell/index.html  KSA 82a-1212  Revised 7/10/2015											