	WELL I		WWC-5		ivision of Wat				
	l Record	Correction Change ATER WELL:	ge in Well Use		sources App. 1		Well ID		
		ATER WELL:	Fraction	1 -	ection Number 1			ige Number	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:									
Address: 551 A SW 30 Rd							i s audiess,	Sheck here:	
Address: // South, 1 West of Radium									
City: Great Bend State: KS ZIP: 67530									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:					ft. 5 Latit	nde.		(decimal degrees)	
SECTION BOX: Depth(s) Groundwater Encountered				ft. Longitude: (decimal degr					
N 2) ft. 3			3) ft., or 4)	Dry Well	Horiz	Horizontal Datum: WGS 84 NAD 83 NAD 27			
	TT	WELL'S STATIC WA	TER LEVEL:4	l ft.	Source Source	e for Latitude/Longitude	2:		
		■ below land surface, measured on (mo-day-yr). 2-20 □ above land surface, measured on (mo-day-yr)			₩ □0				
NW	NE		Pump test data: Well water was			(**************************************			
w	E		after hours pumping gpm			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
1 1	1 1	Well	Well water was ft.			online Mapper:	••••••	***************************************	
SW	SE	after hours pumping gpm							
	1 1	Estimated Vield: 700	Estimated Yield:700gpm Bore Hole Diameter:30in. to100			6 Elevation:			
1	S mila !	Bore Hole Diameter:	ft. and	it, and Source: Land Survey GPS Topographic Mar			pographic Map		
1 mile in. to ft.									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
	Household 6. Dewatering: how many wells?				10. Oil Field Water Supply: lease				
, —	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID								
	☐ Livestock 8. ☐ Monitoring: well ID				12. Geothermal: how many bores?				
	2. Irrigation 9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor I 4. ☐ Industrial ☐ Recovery ☐ Injection				Extraction					
		☐ Recovery				ther (specify):			
Was a chemical/bacteriological sample submitted to KDHE? \(\subseteq \) Yes \(\bullet \) No If yes, date sample was submitted:									
Water well disinfected? Yes No									
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other									
Casing diameter									
Casing height above land surface									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
Louvered Shutter 1 Key Punched 1 Wire Wrapped Saw Cut None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From100, ft. to68 ft. From ft to ft From ft to ft.									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
□ Contro Tout									
Cover Lines I insecticide Storage									
Sewage Lagoon Fuel Storage Abandoned Water Well Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well									
Other (Specify) None									
Direction from well? ft.									
10 FROM	10	LITHOLOG	GIC LOG	FROM	TO	LITHO. LOG (cont.) or	r PLUGGIN		
3		Sandy top soil		67		Sand & gravel- sma		oroken	
17		Soft sandy clay		1		rock caliche & irona	ted rock		
23		Tan clay	1	85		Brown clay			
38		Fine sand to small gra	avel	91		Broken ironated roc			
42		Tan clay		96	100	Light green yellowis	h shale		
44		Sand & gravel- small	med to large clean						
50		coarse		Notes:					
58 67 Tan clay									
11 CONTRACTOR'S OR LANDOWNED'S CERTIFICATION TO									
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)3-30-2020 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo.day-year) 4-10-2020									
under the dusiness name of is positionally position signature (NA A A A A A A A A A A A A A A A A A									
Walth I 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.									
Visit us at Otto: /www.kdheks.gov/waterweil/index.html KSA 82a-1212 Revised 7/10/2015									