WA	TER WELI	REC	CORD		Form WW(C- 5	Divisio	on of Wate	r Resources; App. 1	$_{ m No.}$ $lacksquare$			
	LOCATION C			:	Fraction		Section N		Township Num		Ran	ige Num	
		bunty: Hodgeman NW 1/4 SE istance and direction from nearest town or city street addre					21	•	T 23 S		R	21	
	located within of	from nearest	town or city	well if	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude:								
	5½ South,	act of Ha		Longitude:									
2	WATER WE	VNER: Mar		Elevation:									
	RR#, St. Address, Box # : 42032 Road H						Datum:						
	City, State, ZII	^o Code		sley, Ks			Data Col	llection I	Method:				
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL								ft.	· · · · · · · · · · · · · · · · · · ·				
	LOCATION												
	WITH AN "X"												
	SECTION BOX: WELL'S STATIC WATER LEVEL136 ft. below land surface measured on mo/day/yr.11.									409.			
Pump test data: Well water wasft. after													
	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection										ection	well	spin
w	WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify beginning) 12 Other (Specify beginning)										elow)		
			2 Irrigation	4 Indu	strial 7 Domes	stic (lawn &	garden)	10 Mon	itoring well		Stoc	k	
	SW - SE											,	
	Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs Sample was submitted												
	S		Sample was	submitted	• • • • • • • • • • • • • • • • • • • •	wate	r wen disi	mectea?	res AATIA No		•••		
<i>5</i> '	TYPE OF CAS	INC I	ISED. 5	Wrought Ir	9 Car			CACINIC	C IONITS. Cl	٠	X CI		
3 .	1 Steel		P(SR) 6	Asbestos-(ron 8 Cor	er (specify		CASING	G JOINTS: Glue Weld			iampea	
	2 DVC	1 ABS	. 7	Fiberglass			,		Thro	adad			
Bla	ink casing diam	eter	5 in. to	o155	ft., Diameter	i	n. to	ft.,	Diameter	j	in. to .		ft.
Cas	sing height abov	e land	surface	18	in., WeightS	DR . 21	lbs./ft.	Wall this	ckness or guage l	No			
TY	PE OF SCREE					0.4	D.C.		11.01.70				
	1 Steel 2 Brass		nless Steel vanized Steal	_		9 A			11 Other (Special 12 None used (continued)	ity) .	 hala)	• • • • • • • • • • • • • • • • • • • •	••••
SC	REEN OR PER					K) 10 2	ASDESIOS-C	emem	12 None used (c	open	noie)		
~ ~	1 Continuou		3 Mill slot		azed wrapped 7	Torch cut	9 Drille	ed holes	11 None (ope	en hc	ole)		
	2 Louvered s	hutter	4 Key punc										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 235 ft. to 155 ft., From ft. to ft.													
From													
GRAVEL PACK INTERVALS: From													
				1 10111				110111					10.
		ERIAL	: 1 Neat ce	ement 2 C	Sement grout 3_B	entonite_	4 Other						• • • • • • • • • • • • • • • • • • • •
	out Intervals:				ft., From	40	ft. to \dots .	ft	., From	•••••	ft.	to	ft.
WI	nat is the nearest 1 Septic tank			eral lines 7		10 Livesto	ock nens	13 Inc	ecticide Storage		16 Otl	her (spec	ify
	2 Sewer line				Sewage lagoon	11 Fuel st			andoned water w			low)	JII y
	3 Watertight			page pit		12 Fertiliz			l well/gas well		Non		
		1?				How man							
FR	OM TO	_		HOLOGIC:	LOG	FROM	_		PLUGGING	INTI	<u>ERVA</u>	LS	
	0 3	Top				209	222	Fire o			- C -		
	3 17 17 31		<u>stone</u> e shale			222	235		ay shale- bi ire clay	LES	OI S	andst	one
	31 47		gray XX	shale		235		AK F.	re cray				
	47 49				rittle, hard								
	49 94				hard pieces								
	94 138		y dark gr										
	38 168		ray shale										
	68 170		brown &										
1	70 209	Lt g	ray shale	- sandy	with sandsto	ne Eleiende		(1)	1 (2)		. 1	(2) -1	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-15-09 and this record is true to the best of my knowledge and belief.													
Ka	nsas Water Wel	l Contr	actor's Licens	se No 13	34 This Wate	r Well Rec	ord was c	ompleted	on (mo/dav/vear	11	-11-	-09	
Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo/day/year) .11-11-09 under the business name of Rosencrantz- Bemis by (signature) and the second was completed on (mo/day/year) .11-11-09													
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone													
					Bureau of Water, Geo R and retain one								-
	://www.kdhe.state.k					, jour le		. J. WOIL	20130		., 511.	, 1510	