Correction Doc# 1601530

ECORD Form WWC-5

Division of Water

	WELLE		orm w				ision of Wat	1		Wall ID		
				in Well Use			urces App. 1			Well ID		
	TON OF W Reno	ATER WELL:		Fraction SW ¼ SE ¼ NI	= 1/4		tion Numb	er	Township Number T 23 S		ge Number	
2 WELL OWNER: Last Name: Bauer First: Todd St							reet or Rural Address where well is located (if unknown, distance and					
Business:			direction from a	ection from nearest town or intersection): If at owner's address, check here:								
Address: 8500 E. Blanchard Address:												
City: Hutchinson State: KS ZIP: 67501												
2 LOCATE WELL							Π	_	30 033400			
WITH "X" IN Depth(s) Groundwater Encountered: 1)13.							.45 ft.   5 Latitude: 38.032490 (decimal degrees)					
SECTIO	N BOX:											
N	2)								Latitude/Longitude:	83 🔲 N	IAD 27	
	$\Box$	below land surface, measured on (mo-day-yr)				vr) 11/23/202	Source				,	
NW	NE	above land	above land surface, measured on (mo-day-yr)					GPS (unit make/model:)  (WAAS enabled?  Yes No)				
1144	NL	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map			,		
w <del>     </del>	E	after	after hours pumpinggp						e Mapper:			
SW	SE X	Well water was ft.										
SW	52.7	after hours pumping gp				gpm	6 Elevation:ft. ☐ Ground Level ☐ TOC					
		Estimated Yield:40gpm Bore Hole Diameter:10in. to45			ft and							
S Bore Hole Diame				in. to ft.			Other					
7 WELL WATER TO BE USED AS:												
1. Domestic:  5. Public Water Supply: well ID												
	☐ Household 6. ☐ Dewatering: how many wells?											
	☐ Lawn & Garden 7. ☐ Aquifer Recharge:							☐ Cased ☐ Uncased ☐ Geotechnical				
	☑ Livestock 8. ☐ Monitoring: well ID											
	. 🗆 Irrigation 9. Environmental Remediation: well ID .											
	B. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex						b) Open Loop Surface Discharge Inj. of Water  13. Other (specify):					
4. Industr				☐ Injection								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted:												
Water well disinfected?  Yes No												
8 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other												
Casing diameter 5 in. to 35 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 24 in. Weight 160 lbs/ft. Wall thickness or gauge No214												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:  ☐ Steel ☐ Stainless Steel ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
	nuous Slot	Mill Slot	☐ Gau	ze Wrapped	To	orch Cut 🔲 I	Orilled Holes		Other (Specify)	••••••		
☐ Louve	red Shutter	☐ Key Punched	☐ Wii	e Wrapped	] Sa	w Cut  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	None (Open	Hole)	)			
SCREEN-I	PERFORAT	ED INTERVAL	S: From	.35 ft. to .4	7.	ft., From .	ft.	to	ft., From	ft. to	ft.	
									ft., From			
9 GROUT	MATERI	AL: Neat cen	nent 🔲	Cement grout	Be	entonite [ ]	Other					
				ft., From		ft. to	ft., Fron	1	ft. to	It.		
		ole contamination	: No j eral Lines	ootential source of			thin 200 ft. Livestock P	one	☐ Insectici	de Storag	<b>.</b>	
☐ Septic☐ Sewer			erai Lines s Pool	☐ Sewag		The state of the s	Fuel Storag		☐ Abandor			
			page Pit	☐ Feedya	ırd		Fertilizer St					
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well   ☑ Other (Specify) Pond   Direction from well? N Distance from well? 1024    The control of												
Direction fro	om well? .N			Distance fro	m w	ell? 20 1	024		ft.			
10 FROM	TO		HOLOG			FROM	TO	LI	THO. LOG (cont.) or I	LUGGIN	IG INTERVALS	
0	3	Top soil										
3	10	Grey clay							5			
10	45	Medium Sand	and grav	/el							***************************************	
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								-				
						NT	L	<u></u>				
						Notes:						
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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) .1.1/23/2021 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) .12/3/2021												
under the business name of Rosencrantz-Berois Ent., Inc.												
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.  KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.												
KS Depart		and Environment, B		ater, Geology Section	on, 1	000 SW Jackson	St., Suite 420	J, Top	oeka, Kansas 66612-1367	. Telephor	ne 785-296-3565.	