WATE	R WELL	RECORD	Form	WWC-5	Ι	Division of Wa	ater	13953,21422	j	W.W. #4		
Origi	nal Record	☐ Correction	Chang	ge in Well Use	R	esources App.	No.	10000,21422	Well ID	VV.VV. 11-1		
1 LOC	ATION OF	WATER WEI	L:	Fraction		Section Numb		Township Number	er Ran	ge Number		
Cou	County: Reno			NE 14 NW 14 SW 1	4 sw ¼ 22 T 23 S R 6 □ E ■ W							
2 WEL	L OWNER	Last Name:		First:	Street or Rural Address where well is located (if unknown, distance and							
Busine	ss: ONEO	direction from nearest town or intersection): If at owner's address, check here:										
Address:												
	Address: 1910 S. Brroadacres Rd. City: Hutchinson State: Ks. ZIP: 67501-9627						ONEOK Facility					
City:	Hutchin	ZIP: 67501-9627										
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:78 ft. 5 Latitude:38.03111 (decimal degrees)												
				Encountered: 1)		Longitude:097.97438(decimal degrees)						
SECT	SECTION BOX: 2)											
	WELL'S STATIC WATER LEVEL: 25						Source for Latitude/Longitude					
				, measured on (mo-day-				unit make/model:	armin 62	s v		
NW -	NE		measured on (mo-day-									
1 1 1	1 1	Pump test da	ater was f	t.					"			
w						Online Mapper:						
l gw	Well water was f											
-83W -	3E	after	pumping	gpm 6 Flevation: 1537				■ C1	T [] TOC			
	لللل	gpm 6 Ele			evation: 1537 ft. Ground Level TOC							
1	S	Bore Hole D	16 in to 80						ograpnie Map			
1 mile in. to ft.												
						10 = 0	vi pr	11371 . 0 . 1 . 1				
1. Domesti			ter Supply: well ID									
				g: how many wells?		11. Test Hole: well ID						
_	ı & Garden				rge: well ID							
	☐ Livestock 8. ☐ Monitoring: well ID							il: how many bores?				
	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex							Loop Horizonta				
3. Feedl		Extraction	12 🔳 0	b) Open Loop Surface Discharge Inj. of Water								
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ■ Other (specify): Supply												
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 JOINTS: Glued Clamped Welded Threaded												
Casing diameter 10 in to 48 ft., Diameter in to ft.												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From .48												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible contamination: Septic Tank												
Septic					_				_	all		
Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well												
□ Watertight Sewer Lines												
Direction from well? South Distance from well? 15'												
10 FROM	TO		THOLOG		FROM	TO		IO. LOG (cont.) or P	LUGGING	INTERVALS		
0	3	Top soil										
3	27	Brown clay										
27	37	Fine sand										
			ne sand rown clay-fine small sand			1						
37	41					+						
41	80	Medfine san	a			-						
					NT.		_					
Notes:												
	`											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
11 CONT	RACTOR'S	OR LANDO	WNER'S	CERTIFICATION	This water	er well was 🎚	con	istructed, 🔲 recons	structed, or	□ plugged		
under my j	urisdiction a	nd was complet	ted on (mg	-day-year) .4/27/20	J.Ö and	this record i	is true	to the best of my	knowledge	and belief.		
Kansas Wa	ater Well Co	ntractor's Licen	ise No1.	\$4 This Wat	er Well Re	cord was cor	nplete	ed on (mo-day-year	r) ,5/,1,4/2U	1.8		
under the b	usiness nam	e of JAUSEDICE	On for sock	is Ent.	as Departmen	t of Health and	Enviro	nment Rureau of Wate	r GWTS Soo	tion		
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 retain one for your records. Telephone 785-296-5524.												
		t., Suite 420, Toper s.gov/waterwell/inc			KSA 82a-12				Revised 7/			
visit us at nit	J.HWWW.KUHCK	s. gov/ water wen/ Inc	ACATION .		FOLI 070-14				120 123 CU //	TO MOIN		