WAIEK WE	LL RECORD	FORM W	WC-3			r Kesources App. N		
	N OF WATER WELL:	Fraction					Range Number	
County: Re		SE 1/4 SE 1/4 NE		26	T 23 S			
Street/Rural Address of Well Location; if unknown, distance & direction					Global Positioning System (GPS) information:			
from nearest	town or intersection: If at	owner's address, check	Latitue	Latitude: 38.01768 (in decimal degrees)				
From 4th St. & Hwy. 14- 3 3/4 S 1/2 E into field				Longi	Longitude: 098.16953 (in decimal degrees)			
·					Elevation: 1640			
2 WATER WELL OWNER: Randall Fhling					<u>Datum</u> : ☐ WGS 84, ☐ NAD 83, [NAD 27			
, tandan ziming				Collection Method: GPS unit (Make/Model: Garmin csx)				
RR#, Street Address, Box #: 3907 S. Sego				Digital Map/Photo, Topographic Map, Land Survey				
City, State, ZIP Code : Abbevville, Kansas 67510				Est. Accuracy: \square <3 m, \square 3-5 m, \square 5-15 m, \square >15 m				
2 LOCATE W	ET T			LSt. At	curacy.	эм, у э-эм, г	3-13 III, 13-13 III	
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 70 ft.								
SECTION B								
N SECTION D								
Pump test data: Well water was								
FOT VIELD one Well water was the offer hours numning one								
NW	ND	eter						
w			D AS: Public water supply Geothermal Injection well					
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Stock Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No								
						ies Filmo		
S If yes, mo/day/yr sample was submitted								
Water well disinfected? ☑ Yes ☐ No								
5 TYPE OF CASING USED: Steel V PVC Other								
CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded								
Casing diameter .5 in. to .50 ft., Diameter in. to ft., Diameter in. to ft.								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
Steel Stainless Steel PVC Other (Specify)								
Brass Galvanized Steel None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)								
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)								
SCREEN-PERFORATED INTERVALS: From50								
From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From. 70 ft. to20 ft., From ft. to ft.								
From ft. to ft., From ft. to ft.								
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other								
Grout Intervals: From .20 ft. to .0 ft., From ft. to ft., From ft. ft.								
What is the nearest source of possible contamination:								
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below)								
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well								
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well								
	om well							
FROM TO	LITHOLOG	IC LOG	FROM	TO	LITHO. LO	JG (cont.) <u>or</u> PLU	GGING INTERVALS	
0 3	Top soil		 				**************************************	
3 7	Tan clay		1					
7 12	Tan and white clay mix		<u> </u>					
12 28	Tan clay							
28 37	Lt. Gray clay & sm. s &	g mix						
37 50	Light gray clay							
50 54	Lt. gray clay and calich	e	 		**			
54 70	Small sand and gravel	<u>-</u>	1					
+ 	Januar Surio Grid graver		+					
			 	- 				
7 CONTRACTOR'S OR LANDOWNED'S CERTIFICATION. This was all of the second								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged								
under my jurisdiction and was completed on (mo/day/year) 7-27-2011 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) 8-5-2011								
Kansas water v	under the business name of Rosencrantz-Bemis Ent. by (signature) Journal Dadata. INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies							
under the busine								
under the busine	Use typewriter or ball point per	. PLEASE PRESS FIRML	Y and <u>PRINT</u> cle	arly. Pleas	se fill in blanks	and check the correc	t answers. Send three copies	
under the busine INSTRUCTIONS: (white, blue, pink)	Use typewriter or ball point per to Kansas Department of Health	. <u>PLEASE PRESS FIRML</u> and Environment, Bureau	Y and <u>PRINT</u> cle of Water, Geole	arly. Pleas	se fill in blanks n, 1000 SW Jac	and check the correct ekson St., Suite 420,	t answers. Send three copies Topeka, Kansas 66612-1367.	
under the busine INSTRUCTIONS: (white, blue, pink) Telephone 785-296	Use typewriter or ball point per	. <u>PLEASE PRESS FIRML</u> and Environment, Bureau	Y and <u>PRINT</u> cle of Water, Geole	arly. Pleas	se fill in blanks n, 1000 SW Jac	and check the correct ekson St., Suite 420,	t answers. Send three copies Topeka, Kansas 66612-1367.	