		RECORD		WWC-5	_		ion of Water	1					
		Correction		e in Well Use	R	esour	rces App. No.			Well ID			
1 LOCAT	TON OF W	ATER WEI	LL:	Fraction		Section	on Number	Township 1	Numb	er Ran	ge Number		
County: GRAY ¼ NW ¼ SW ¼						E¼ 21 T 24 S R 27 □ E ■ W							
		ast Name: MI	CHEL '	First: ROSE	Street or I	reet or Rural Address where well is located (if unknown, distance and							
Business:	O WINDIN I	ast ranc. 1111		1 1136. 11002									
Address:	4 TH		rection from nearest town or intersection): If at owner's address, check here:										
Address: BOX 135 9 MILES NORTH AND 3 MILES										CIMARR	ON		
City:	DODGE		State: KS	ZIP: 67801									
3 LOCAT		75	75 0 7 7 11 3										
WITH "X" IN 4 DEPTH OF COMPLETED WELL:						, ,							
SECTION BOX: Depth(s) Groundwater Encountered: 1)													
N	I			3) ft., or 4)							83 □ NAD 27		
 			WELL'S STATIC WATER LEVEL:39 □ below land surface, measured on (mo-day-yr)					or Latitude/Lon					
'				1 (
NW	- NE		-yr)	· · · · · · · · · · · · · · · · · · ·					io)				
		Pump test of		☐ Land Survey ☐ Topographic Map									
W	E	after		Online Mapper:									
sw	SE		Well water was ft. after hours pumping gp										
	ī		. gpm		6 Elevation	on:	ft.	□ Ground	Level TOC				
		Estimated	Estimated Yield:25gpm Bore Hole Diameter:9.7/8 in. to			6 Elevation:ft. ☐ Ground Level ☐ TOO Source: ☐ Land Survey ☐ GPS ☐ Topographic Maj							
1	S .:1-												
T time													
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID													
1. Domestic:													
Housel		g: how many wells?											
				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical						
. —	Livestock 8. Monitoring: well ID												
	2. ☐ Irrigation 9. Environmental Remediation: well ID . 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex												
3. ☐ Feedlo			Extraction										
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):													
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													
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 ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)													
CODEEN	EDEOD AT		AIC E	. 20 A. 40	aw Cut _	J 1901	ne (Open Hoi	75 A E-		Α	Δ.		
SCREEN-PERFORATED INTERVALS: From .20 ft. to .40 ft., From .55 ft. to .75 ft., From ft.													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Grout Intervals: From													
Nearest source of possible contamination:													
☐ Septic			Lateral Line				ivestock Pens			ide Storage			
Sewer			Cess Pool	Sewage La			uel Storage			oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify) Direction from well? NORTHEAST Distance from well? .50 ft.													
		417111EVA91	TOTAL C	Distance from w			TO I.	THO LOCK	II.	DI LICOR:	O DITERRITY C		
10 FROM	TO		LITHOLOG	GIC LOG	FROM	-	TO L	THO. LOG (co	ont.) or	PLUGGIN	G INTERVALS		
0		TOP SOIL											
4	20	CLAY AND	ROCK LA	YERS									
20		MED SAND	AND CLA	Υ									
30	35	CLAY AND											
35	40	CLAY AND											
40				COARSE SAND	1	\top							
56					Notes:								
30	56 87 BLACK SHALE AND SMALL ROCK LAYERS												
LAIENS													
11 CONTRACTORIS OR I ANDONWIERIS CERTIFICATION. This was all to the state of the st													
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) .7/.18/.17													
Kansas Water Well Contractor's License No. 805 This Water Well Record was completed on (mo-day-year) .7/22/17													
under the business name of SQUTHWEST WINDMILL & WATER WELL Signature													
Mail 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.													
1								sor your records.	reteph				
visit us at http)://www.kdhek	s.gov/waterwell/	maex.ntml		KSA 82a-	1414	4			nevise0	7/10/2015		