				WWC-5			sion of Water				
				e in Well Use			urces App. No		Well ID		
1 LOCATION OF WATER WELL:							tion Number	Township Numb			
County	r: Reno		SE 1/4 NE 1/4 SE						□E ■ W		
2 WELL OWNER: Last Name: Oatney First: Jarod Street or Rural Address where well is located (if unknown, di										distance and	
Business:						direction from nearest town or intersection): If at owner's address, check here:					
Address: 10705 West K-61 Hung 11211 West Longview Rd.											
10703 Vest IV-01 HWY											
1	3 LOCATE WELL 4 DEPTH OF COMPLETED WE						:65 ft. 5 Latitude:				
Danth(c) Groundwater				Encountered: 1) ft.			Longitude: 098.09653 (decimal degrees)				
				3) ft., or 4				Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ■ NAD 27			
WELL'S STATIC WA				TER LEVEL:	35	ft.	Source t	Source for Latitude/Longitude:			
below land surface			, measured on (mo-d	ay-yr)	9/7/2016	GPS (unit make/model: Garmin 62S)					
				, measured on (mo-day-yr)			(WAAS enabled?	Yes 🔳 N	l o)		
Pump test data: Well w						☐ Lan	☐ Land Survey ■ Topographic Map				
				s pumpinggpm			Online Mapper:				
			vater was ft.								
			pumping gpm			6 Elevation: 1613 ft. Ground Level TOC					
Estimated Yield:			gpm 10 in, to 65 ft. and			Source: Land Survey GPS Topographic Map					
S Bore Hole Diameter:						Other					
1 min t.											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
1. Domestic:		5. ⊟ i	mer supply: well ID	••••••	••••••	10. ∐ Ull l	10. Oil Field Water Supply: lease				
☐ Household 6. ☐ Dewaterin				ng: how many wells?	••••••	•••••					
				echarge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical			
Livesto			g: well ID al Remediation: wel				12. Geothermal: how many bores?				
ı — •								a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
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)											
SCREEN-PERFORATED INTERVALS: From .45 ft. to .65 ft., From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 20 ft. to .0 ft., From											
Nearest source of possible contamination:											
☐ Septic	Tank	□ La	teral Line				Livestock Pens		cide Storage		
☐ Sewer	Lines	□ Ce	ess Pool	☐ Sewage		on 📋	Fuel Storage		oned Water	Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify) Direction from well? . West Distance from well? . 250 ft.											
					well'						
10 FROM	TO		THOLO	GIC LOG		FROM	TO I	ITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
0		Top soil		·							
3		Brown clay									
18	40	Small-fine sar	nd		T						
40		Small sand									
	· · · · · · · · · · · · · · · · · · ·						i	······································			
						Notes:	_	· · · · · · · · · · · · · · · · · · ·			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my i	urisdiction a	ind was comple	ted on (n	no-dav-vear) .9/7./2	20.16.	and	this record is	true to the best of m	v knowled	ge and belief.	
Kansas Wa	iter Well Co	ntractor's Licer	ise No.	134 This	Wate	r Well Rec	ord was com	oleted on (mo-day-v	ear) 9/12/	2016	
under the b	usiness nam	e of Rosenar	antz-Be	mis Ent.		Si	gnatureC	pleted on (mo-day-y			
Mail	1 white copy al	ong with a fee of \$:	5.00 for ea	ch constructed well to:	Kansas	s Department	of Health and E	vironment, Bureau of W	ater, 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.											
Visit us at http	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										