		RECORD		WWC-5		vision of Wat	-				
				ge in Well Use		ources App.			Well ID		
		VATER WEI	LL:	Fraction						ge Number	
County: Ford NE½ NE½ SW¾ 2 WELL OWNER: Last Name: Sunday First: Kenneth											
2 WELL Business:		Last Name: Sur	nay	First: Kenneth		treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here:					
Address:		se Ave			direction from	rection from figurest town of intersection). If at owner's address, check field.					
Address:											
City:	Dodge C	ity	State: Kar	nsazip: 67801						<u> </u>	
3 LOCAT		4 DEPTH	OF CON	MPLETED WELL:	220 f	220 ft. 5 Latitude: 37.79020 (decimal degrees)					
	WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)					8 ft. Longitude: 100.01040 (decimal degrees)					
SECTION		2)	ft.	3) ft., or 4) [Dry Well			GS 84 □ NA			
<u> </u>	WELL'			TER LEVEL:1.1	. <u>0 ft</u> 02/12/201			titude/Longitude			
		D above 1	and surface	e, measured on (mo-day-	yr). <u></u>						
)X w	NE		above land surface, measured on (mo-day-yr Pump test data: Well water was			······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				10)	
				s pumping		Online Mapper:					
sw				water was f							
sw	SE	after	hour	s pumping	gpm	6 Flev	6 Elevation: 2564ft. ☑ Ground Level ☐ TOC				
 	Estimated Yield:30			9 in. to 220	Source	Source: Land Survey GPS Topographic Map					
				in. to	<u> </u>	☑ Other KOLAR					
7 WELL WATER TO BE USED AS:											
1. Domestic				ater Supply: well ID		10. 🔲 C	il Field V	Water Supply: le	ease		
	☐ Household 6. ☐ Dewatering: how many well										
1 = .					e: well ID Cased Uncased Geotechnic					1	
. —	☐ Livestock 8. ☐ Monitoring: well ID							how many bores			
	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor B					,					
4. Industr			Recovery		ZAU action		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 5 in to 220 ft., Diameter in to ft., Diameter in to ft.											
Casing diameter 5 in to 220 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in Weight lbs/ft. Wall thickness or gauge No. SDR21											
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 ☐ Kev Punched ☐ Wire Wrapped											
SCREEN-PERFORATED INTERVALS: From 160 ft to 220 ft. From ft to ft. From ft.											
GRAVEL PACK INTERVALS: From33 ft. to220 ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Interv	als: From	ft. to		ft., From	ft. to	ft., From	1	ft. to	ft.		
Nearest sou		ole contaminati	on: Lateral Line	es		Livestock P	eme	□ Incocti	cide Storage		
Sewer			Cess Pool	☐ Sewage La	_	Fuel Storage	-		oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
Other (Specify)											
Direction from well? S Distance from well? 100 ft.											
10 FROM	TO		LITHOLO	GIC LOG	FROM	TO			PLUGGIN	G INTERVALS	
20	20 40	Top Soil Tan Clay			180 200	200		ine Sand			
40	60	Tan Clay Ro	ck Lavor	•	210	220		<u>fled Sand,Son</u> and Blue Shale		,	
60	80				L 1U	220	Clay a	IN DIVE SHAR	7		
80			an Clay,Fine Med Sand Fine Med Sand			 	<u> </u>				
100			ine Med Sand Calachie			 					
120	140	Calachie Fin			Notes:	Notes:					
140			ine to Med Sand								
160 180 Fine Med Sand Clay											
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) .02/12/2014 and this record is true to the best of my knowledge and belief.											
under my j	urisdiction a	and was complentractor's Lic	eted on (r	no-day-year) .02/12/2 846	V.14 and	this record	is true to	to the best of m	y knowled	ge and belief.	
under the h	ier well Co usiness nan	ndactor's Lice	vater We	II Camiaa III C			-				
	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.											
Visit us at h	ttp://www.kdh	eks.gov/waterwel	l/index.html						KS	SA 82a-1212	