WATE	R WEI	LL RECORD		Form V	VWC-5	1	Division of Wate	r Resources App. N	<u>. [35</u>	27		
LOC	CATION	OF WATER WELL:	Fraction	I OI III V	· · · · · · · · · · · · · · · · · · ·			Township No.	Range N			
	nty: Pra		1/4	1/4	1/4 SW 1		22	T 27 S	R 11	□E [V	
Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS) information:												
from	nearest	town or intersection: If at	owner's add	iress, che	ck here 🔲.	Lati	Latitude: (in decimal degrees)					
NE 130th Ave & NW 20th St							Longitude: (in decimal degrees)					
4.11.7							Elevation:					
2 WATER WELL OWNER: Larry Preisser							Datum: WGS 84, NAD 83. NAD 27					
RR#, Street Address, Box #: 105 SE 130th Ave						Coil	Collection Method:					
City, State, ZIP Code : Cunningham, KS 67035							☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
Curiningham, NS 07033							Accuracy: <	3 m, 3-5 m,	5-15 m.] >15 m		
3 LOC	ATE WE	CLL			405	*						
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 135 ft. 5 CTION BOY: 6 (2)												
SECTION BOX: N Depth(s) Groundwater Encountered (1).40 ft. (2)												
		WELLSSIAT	C WATER	LEVEL.		t. below	y land surface r	neasured on mo/d	ay/yr		mm	
		TOT SHELD OF						hours pum				
\	EST. YIELD.800 gpm. Well water was ft. after hours pumping gpm. Bore Hole Diameter 40 in. to 135 ft., and in. to ft.											
		WELL WATER							njection w	eli		
3	8 .		Feedlo	ot \square	Oil field wa	ter sup	oly De	watering []			(W0	
Domestic Feedlot Oil field water supply Dewatering Other (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well												
Was a chemical/bacteriological sample submitted to Department? Yes No												
S If yes, mo/day/yr sample was submitted												
	i mtie	Water well disin	fected? 📝	Yes 🗀	No							
5 TYP	E OF CA	ASING USED: Steel	PV	C \square	Other							
CASIN	G JOIN	TS: Glued Clan	nped	Welded	☐ Thread	ed		:	•			
Casing diameter 16 in. to 135 ft. Diameter in. to ft. Diameter in. to ft.												
Casing height above land surface. 12 in. Weight 16 lbs./ft. Wall thickness or gauge No. SCH40												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
	Steel	Stainless Steel	Z 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: From												
	CD 41	EL DIGIT DIMENSI	From	• • • • • • • • • • • • • • • • • • • •	. ft. to	• • • • • • • • • • • • • • • • • • • •	ft., From	ft. 1	to	· · · · · · · · · · · ·	it.	
GRAVEL PACK INTERVALS: From 20 ft. to 135 ft., From ft. to From ft. to ft., From ft. to								to	····	IT.		
: CDO	TTM	TEDIAL. DALLE	From		. ft. to		It., From	R.	to	· · · · · · · · · · · · · · · · · · ·	It.	
C-moint Iz	itervals:	TERIAL: Neat ceme From .3 ft. to	20 L Ce	ment grot	it 🗾 Bent	onite	Uther	E	ft to			
		est source of possible conta	mination	It., F101		. 11. 10 .	IL.,	rioni	11. 10			
•	Septic ta			rivy	Livestock	pens	☐ Insecticide	storage Oth	er (specify l	elow)		
	Sewer lin	nes	Sewa	ge lagoon	Fuel stora		Abandoned	water well				
اسا ج	Waterlig	ht sewer lines	it Feed	yard	☐ Fertilizer		Oil well/ga	s well Old V	ve!			
			TCTOC				vell 2 5		norma n			
<u> </u>	TO 50	LITHOLOG	IC LUG		FROM	TO	LITHO. EC	OG (cont.) <u>or</u> PLU	GOING I.		ALS.	
50	70	Medium Sand					-				•	
70	75	Grey Clay				40	 					
75	115	Clay & Medium Sand Medium to Fine Sand		-		•						
115	120	Clav			-							
120	134	Medium Sand to Small	Gravel				- 					
134	135	Shale	J. 4701									
	1											
					<u> </u>							
TOON	TRACT	OR'S OR LANDOWNER	'S CERTI	FICATIO	ON: This wa	ter well	was Constr	ucted, [reconstr	ucted. or [glugg	ed	
under my jurisdiction and was completed on (mo/day/year)												
Kansas Water Well Contractor's License No. 3.5. This Water Well Record was completed on (mo/day/year). 1. 1. 1. 27. 1. 9. Indeed the business name of Plan RC Tump + i.e. by (signature) 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.												
uncer the business name of New Medical Training to Like by (signature) I will be the signature of the business name of the business nam												
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.												
Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, 1 opeka, Kansas 60612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at												