		RECORD		WWC-5			ivision of Wate							
		Correction		e in Well Use			sources App. N			Well ID				
1 LOCATION OF WATER WELL: Fraction County: SEDGWICK NE 1/4 NW 1/4 SW 1/4					CW 1/		Section Number Township Number Range Number T 27 S R 4 D E W							
			3	First: JIM				who						
2 WELL OWNER: Last Name: LIES First: JIM Business:						Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:								
	170 N 32	7TH W												
Address:	040051	OL AIN	State: KS	7D. 67050										
City:	GARDEN			ZIP: 67050										
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:					LL:	8Q·					-			
SECTIO	SECTION BOX: Depth(s) Groundwater Encountered: 1)						Long	Longitude:						
WELL'S STATIC WATER LEVEL:32								Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-						16 G		unit make/model:		)			
NW	above land surface, measured on (mo-d						1	(WAAS enabled? ☐ Yes ☐ No)						
				vater was ft. s pumping gpm				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
W				ater was					e Mapper:	• • • • • • • • • • • • • • • • • • • •	•••••			
SW SE after hours pu							4			1 5 700				
Estimated Yield:			gpm	gpm 			6 Elevation:							
	Bore Hole Diameter:9.5 in. to80					. It. and ⊕	Other							
1 mile  in. to ft. Uther														
1. Domestic: 5. Public Water Supply: well ID														
☐ Housel	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID							
	Lawn & Garden 7. Aquifer Recharge: well ID							☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?						
_	☐ Livestock 8. ☐ Monitoring: well ID						a) Cl							
3. Feedlo								a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. 🔲 Industr			Recovery						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 80 ft., Diameter in to ft., Diameter in to ft. Diameter in to 5. Casing height above land surface 12 in Weight block blo														
Casing height above land surface														
TYPE OF SCREEN OR PERFORATION MATERIAL:   Steel														
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)														
SCREEN OR PERFORATION OPENINGS ARE:														
☐ Continuous Slot														
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From .20														
GRAVEL PACK INTERVALS: From														
9 GROUT MATERIAL:  \( \text{Neat cement} \) \( \text{Cement grout} \) \( \text{\boxed} \) Bentonite \( \text{\boxed} \) Other \( \text{\text{\boxed}} \)														
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other														
Nearest source of possible contamination:														
☐ Septic			Cess Pool	es 🔲 Pit P <b>Sew</b>			Fuel Storage			oned Water				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well														
Other (Specify)  Direction from well? EAST  Distance from well? .132														
Direction from			ITHOLO		rom we	FROM	ТО		n HO. LOG (cont.) or		CINTEDVALS			
0 FROM	1 TO	TOP SOIL	THOLOG	JIC LUG		FROM	1 10 1	LH	HO. LOG (cont.) of	PLOGGIN	GINTERVALS			
1		CLAY	······································					-	· · · · · · · · · · · · · · · · · · ·					
5		FINE SAND									,1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
10	16	MED SAND												
16		CLAY					<b></b>							
18		MED GRAVE	<u> </u>			NT 4	_11							
25	80	SHALE				Notes:								
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) 04/04/2016 and this record is true to the best of my knowledge and belief.														
Kansas Water Well Contractor's License No. 884														
under the b	Mail 1 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,													
i .				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://www.kdheks.gov/waterwell/index.html  KSA 82a-1212  Revised 7/10/2015										