	WELL R		WWC-5		vision of Water				
	Record [ge in Well Use		ources App. No		Well I		
1 LOCATION OF WATER WELL: County: Sedgwick			Fraction		ction Number 30			lange Number	
			1/4 SW 1/4 NW 1/4		ww ¼ 30 T 28 S R 1 □ E ■ W treet or Rural Address where well is located (if unknown, distance and				
2 WELL OWNER: Last Name: Hav Business: Bob Hav Farms Street or Rural Address where well is located (if unknown, distance a direction from pearest town or intersection): If at owner's address, check her									
Address: 9171 S. West St. W SSth St S. + S. 119th S. W.								ss, check liefe.	
Address:				-		1 3.11	11.2.4	•	
City: Havsville State: KS ZIP: 67060									
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					5 Latitude:(decimal degrees)			
WITH "			Encountered: 1)4		1	Longitude:(decimal degrees)			
SECTION BOX: 2) ft. 3			3) ft., or 4) [Horizon	Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27				
WELL'S STATIC WA				Source	for Latitude/Long	itude:			
😺			ow land surface, measured on (mo-day-yr)ve land surface, measured on (mo-day-yr))	
NWNE above land surface				1	(WAAS enabled				
1 amp tour amm			s pumping	∐ Lar	☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
Well v			vater was 1	ър t.		Offittile Mapper.			
SW	SE	•	hours pumping gpm						
		Fertimated Vield: 30	-	6 Elevation:ft. Ground Level TOC					
S Bore		Bore Hole Diameter:	Bore Hole Diameter:30 in. to140 f		Source: ☐ Land Survey ☐ GPS ☐ Topograph				
1 n		<u> </u>	in. to	ft.	i	Uther			
7 WELL WATER TO BE USED AS:									
1. Domestic:			ater Supply: well ID				ply: lease		
			ng: how many wells?			11. Test Hole: well ID			
				charge: well ID			12. Geothermal: how many bores?		
2. Irrigati	-	9. Environment		a) Closed Loop Horizontal Vertical					
3. ☐ Feedlot ☐ Air Sparge				☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ I			☐ Inj. of Water		
4. 🔲 Industr	ial	☐ Recovery	Injection		13. 🔲 Oth	er (specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:									
Water well disinfected? ■ Yes □ No									
2 TYPE OF CASING USED: ☐ Steel ■ PYC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded									
Casing diameter 16 in to 140 ft., Diameter in to ft., Diameter in to ft., Diameter in to SCH40 surface 12 in Weight 16 lbs./ft. Wall thickness or gauge No SCH40									
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									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Other (Specify) NONE-OPEN FIELD.									
Direction from well? ft.									
10 FROM	TO	LITHOLO		FROM	TO I	LITHO. LOG (cor	nt.) or PLUGG	ING INTERVALS	
0		Clay							
35		Fine to Medium Sand							
38		Clay			ļ				
98		Medium Sand			 				
116		Clay							
132		Medium Sand 7		 					
139	140	Shale		Notes:		1			
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) .11/19/2015 and this record is true to the best of my knowledge and belief.									
Vancas Wa	ter Well Co	ntractor's License No.	238 This W:	iter Well Re	cord was∕onm	nleted on (ma⊸d	av-vear) 11	20/2015	
under the b	usiness nam	e of Premier Pump 8	.Well Service. Inc.	S	ignature O	112000	Lillan		
under the business name of Premier Pump & Well Service. Inc. Signature Signature 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,									
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									