	R WELL I			WWC-5				sion of Wate	1	1			
	al Record			ge in Well Use				rces App. N			Well ID		
1 LOCATION OF WATER WELL:			Fraction		Section Number   Township Numb						ige Number		
County: Pratt						IE ¼ NE ¼ 22				T 28 S		3 □ E ■ W	
		Last Name: Wy	qle	First: Donna			reet or Rural Address where well is located (if unknown, distance and						
Busines		- 404b A	_		direction fi	tion from nearest town or intersection): If at owner's address, check here:							
	Address: 30015 SE 10th Avenue 30015 SE 10th Avenue, Pratt, KS												
	City: Pratt State: KS ZIP: 67124												
	1303												
WITH				It.	5 Latitude: 37.601001 (decimal degrees) Longitude: 98.721335 (decimal degrees)								
	Depth(s) Groundwater Encountered: 1)												
	WELL'S STATIC WATER LEVEL:99 ft.									Datum: WGS 84		83 LI NAD 27	
	below land surface, measured on (mo-day-yr). 7-25-16								Source for Latitude/Longitude:  GPS (unit make/model:)				
NIW	above land surface, measured on (mo-day-yr).							(WAAS enabled?  Yes No)					
NW-		ater was ft.				☐ Land Survey ☐ Topographic Map							
w		npinggpm				Online Mapper:							
Welly				water was ft.									
SW SE after hou					gpm		6 Flavo	6 Florentian: 4 Ground Level GTOC					
	Estimated Yield:			gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map				
i 1	S Bore Hole Diameter:10 in. to17						it. and Source. Dand Sur					opograpine wap	
i mic													
7 WELL WATER TO BE USED AS: 1. Domestic: 5.  Public Water Supply: well ID													
	Household   G.   Dewatering: how many wells?							11. Test Hole: well ID					
	Lawn & Garden 7. Aquifer Recharge: well ID							☐ Cased ☐ Uncased ☐ Geotechnical					
	Livestock 8. Monitoring: well ID							12. Geothermal: how many bores?					
	Irrigation 9. Environmental Remediation: well ID							a) Closed Loop    Horizontal    Vertical					
3. Feedl	☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extrac							b) Open Loop  Surface Discharge  Inj. of Water					
4. 🔲 Indus	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 5 in to 170 ft., Diameter in to ft., Diameter in to ft.													
Casing diameter													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)													
☐ Bras		lvanized Steel			None u	ised (open	hole)						
		RATION OPE							_	0.1 (0.10)			
	inuous Slot	Mill Slot		Gauze Wrapped						Other (Specify)	• • • • • • • • • • • • • • • • • • • •		
	ered Snutter	☐ Key Punch	ned ∐\	wire wrapped	. 130	W Cut	No	one (Open F	iole)	ft., From	A +a		
SCREEN.	PERFURA	CV INTERVA	ALS. FIO		20	II., FR	om	IL. U		ft., From	IL. W	Α	
O CROII	TMATEDI	AL. D.Nost	ALS. FIU	Coment anaut	- De	ntonito	<u> </u>	hom	0	it., Fiom	11. 10		
Grout Inter	I MAIEKI	AL:   Near	cement [	A From 20	DC	ft to	ᆸᅂ	A From	•••••	ft. to	A	•••••	
		ole contaminati		R., Piolii		16. 10	•	16., 1 10111			14.		
☐ Seption	-		Lateral Lin	es 🗆 Pit	Privv		$\Box$ L	ivestock Pe	ens	☐ Insectic	ide Storage	,	
☐ Sewe			Cess Pool	_	vage La	goon	□F	uel Storage	3	☐ Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
Other (Specify) Grain bin.  Direction from well? Northwest Distance from well? 50 ft.													
					from w						A		
10 FROM			ITHOLO	GIC LOG		FROM		TO		HO. LOG (cont.) or		GINTERVALS	
0 3	3	Top soil			<del></del>	115				vel- med to large	ught		
3	22	Tan clay w/				120		142	_	ge gravel	76-		
22	37	Sandy tan cl				142		157		vel- small med w			
37	44	White clay w	·			157		170	San	d & gravel- fine t	o small n	ned	
44	54			med coarse I	oose								
54	60		an clay w/ gravel embedded in										
60	65		Vhite & tan clay w/ caliche Notes:									The contained	
65													
83	115	Sand & grav	el- smal	med coarse	oose	Y 771							
11 CON	TRACTOR'	S OR LANDO	UWNER	'S CERTIFIC	ATIO! 8-0-46	N: This v	vater	well was	ic to	onstructed, reco	nstructed,	or plugged	
under my jurisdiction and was completed on (mo-day-year) .8-9-16													
under the business name of Rosencrantz-Bernis Ent. Inc. Signature													
Mai	I I white copy a	long with a fee of	\$5.00 for e	ach constructed we	l to: Ka	nsas Depart	ment c	of Health and	Envi	ronment, Bureau of Wa	ter, GWTS	Section,	
100	00 SW Jackson	St., Suite 420, Top	peka, Kansa			Water Well	l Owne	er and retain o		r your records. Telepho			
Visit us at h	tp://www.kdhe	ks.gov/waterwell/i	index.html			KSA 82	a-121	12			Revised	7/10/2015	