_			WWC-5		Division of Water							
			ge in Well	Resources App. No.				/ell ID				
1 LOCATION OF WATER WELL: Use			Fraction	Section Number			Township Number		Range Number			
	y:Sedgwic		1	/4NE 1/4						□ E ■ W		
2 WELL OWNER: Last Name: GERMANN First: Brad Street or Rural Address where well is located (if unknown, distance as												
Business: direction from nearest town or intersection): If at owner's address, check he										neck here: 🗷		
Address: 9725 S. 119th St. W. Address:												
City: Clearwater State; Kansas ZIP: 67026												
3 LOCAT												
WITH "		4 DEPTH OF COM										
SECTION BOX: Depth(s) Groundwater Encountered: 1)												
1	3) ft., or 4)		11	Horizon	ntal Datum: 🗷 W	GS 84 🗀	NAD	33 🛚 NAD 27				
 	rer level: 30		.1		for Latitude/Longit							
1	'	below land surface,	measured on (mo-day-	yr)::://::://:		■ GPS (unit make/model: i.Phone)						
NW	NE -*			measured on (mo-day-yr) ater was ft.			(WAAS enabled? ☐ Yes ☐ No)					
		pumping gpm				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
W	E		vater was 1				line Mapper:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
sw	SE		s pumping				***					
Estimated Yield:				gpm 6 Elevatio			o n :	n:ft. ☐ Ground Level ☐ TOC				
				in. to 120 ft. and <u>Source</u> : [☐ Land Survey	☐ Land Survey 🔳 GPS 🔲 Topographic Map				
1 r	mile		in. to									
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
	Household 6. Dewatering: how many wells?					11. Test Hole: well ID						
	■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID											
Livest	☐ Livestock 8. ☐ Monitoring: well ID											
	. Irrigation 9. Environmental Remediation: well ID						a) Closed Loop					
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra												
4. Industr	rial	☐ 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 \(\sigma \) No												
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other												
Casing diameter5												
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 49 ft. to 120 ft., From ft., From ft., From ft.												
GRAVEL PACK INTERVALS: From 24 ft. to 120 ft., From ft. to ft., From ft. to ft.												
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other												
Grout Interv	als: From	4 ft to 24	ft From	ft to	Ot	ft From	ft to	• • • • • • • • • • • • • • • • • • • •	A	•••••		
Grout Intervals: From4												
☐ Septic		☐ Lateral Lin	es 🗌 Pit Privy		П	Livestock Pen	s □ Ir	secticide	Storage			
☐ Sewer	Lines	☐ Cess Pool	Sewage I	agoon		Fuel Storage		bandone	_			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
Direction from well? South												
10 FROM	ТО	LITHOLO	GIC LOG	FRO	М	TO	LITHO. LOG (co	nt.) or PL	UGGIN	G INTERVALS		
0	3	topsoil										
3	12	clay										
12		brown shale										
20	120	gray shale										
					ĺ		,					
	T			Notes		1						
1,01001												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ■ constructed, □ reconstructed, or □ plugged												
under my	urisdiction	and was completed on (mo-day-year\11/24	/2021	aici V ind th	nis record is	true to the hest	of my l	nowled	or prugged ge and helief		
Kansas Wa	ter Well Cou	atractor's License No.	236 This Wate	r Well Dea	ord w	is roomalata	d on (mo-day-ye	ar) 11/2	6/202	1		
Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo-day-year) 11/26/2021 under the business name of												
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												