	WELL R			WWC-5		Di	vision of Wa	ter					
Origina	Record 🗌	Correction	Chan	ge in Well Use			sources App.	-		Well ID			
	TON OF W		LL:	Fraction		1	ction Numb	er	Township Numb		ige Number		
County	Kingn	320		NE143214	Sith 16 T J9 S R O DE DW								
2 WELL OWNER: Last Name: Clouse First: Vete Street or Rural Address where well is located (it unknown, distance and													
Business: Address: 4738 50 9040 57  direction from nearest town or intersection): If at owner's address, check here: Hwy 144 58 7040 54 - we of for 6.75 miles then											check here: 🔲		
Address: 4738 Sw 90th St Address:								o about 480 feet.					
City: Wingman State: 45 ZIP: 67068								را ۳	MOtost.				
						440							
1	3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:							8ft. 5 Latitude: 37.517155 (decimal degrees)					
l .	SECTION BOX: Depth(s) Groundwater Encountered: 1)						ft. Longitude: 18, 205122 (decimal degrees)						
	N 2) ft. 3) ft., or A)							zonta	l Datum: WGS 8	4 □ NAD	83   NAD 27		
WELL'S STATIC WATER LEVEL:									Latitude/Longitude				
below land surface, measured on (mo-day-y						yr)							
above land surface, measured on (mo-da											1o)		
	1	vater was				☐ Land Survey ☐ Topographic Map							
W		pumpinggpm			Donline Mapper: Crocyle, Earth Pro								
SW	Well water was						· · · · · · · · · · · · · · · · · · ·						
🗷	7		s pumping gpm			6 Flor	6 Elevation:ft. Ground Level TOC						
		Estimated Yield:											
	S nila I	Bore Hole I	Hole Diameter: 10.5/B. in. to										
1 mile  in. to													
					11.15		10.	3 '1 T'	1137				
1. Domestic			-	117	er Supply: well ID			10. Oil Field Water Supply: lease					
	Household 6. Dewatering: how ma							11. Test Hole: well ID					
_	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID												
2. Irrigati													
3. Feedlo							,	, <u> </u>					
4. Industr				XII action		b) Open Loop  Surface Discharge  Inj. of Water 13. Other (specify):							
			Recovery										
Was a chemical/bacteriological sample submitted to KDHE?  Yes SNo If yes, date sample was submitted:													
Water well disinfected? Yes No													
8 TYPE OF CASING USED: ☐ Steel DPVC ☐ Other													
Casing diameter													
Casing neight above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
Steel Stainless Steel Fiberglass Other (Specify)													
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:													
The state of the s								_					
☐ Continuous Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)													
Louvered Shutter													
SCREEN-PERFORATED INTERVALS: From													
9 GROUI	MATERIA	L:   Neat	cement	Cement grout	<b>≥</b> bBe	ntonite [	Other						
Grout Interv	rce of possible		o	It., From		tt. to	ft., From	n	ft. to	π.			
Septic			ton: Lateral Lin	22 - D Dit	Deine	_	7 Livente els 1	Dana	□ Ingosti	aida Staraga			
Sewer			Cess Pool		wage La	_	] Livestock I ] Fuel Storag			cide Storage oned Water			
	ight Sewer Lir	2.475	Seepage Pi				] Fertilizer S			ell/Gas Well			
Other (Specify)													
Direction fro	om well? Su	2		Distance	from we	ell? 150	)		ft				
10 FROM	TO			GIC LOG		FROM	TO		THO, LOG (cont.) o		G INTERVALS		
0	3	translation and the same of th		y Topsoi	1								
3	8	Fine	Tous an	SI WY	•			1					
8	20	Tan C		, ~				-					
30	38	Fine To	in Car	d				+					
38	44	LING 10	e Sanc	4				-					
The state of the s	The state of the s							-					
44	48	Ian	clay			NI.+	1	1	,				
Notes:													
11 CONTRACTORS OR LANDOWNERS CERTIFICATION. This was all the second of t													
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, plugged under my jurisdiction and was completed on (mo day year).													
Kansas Water Well Contractor's License No. 12 This Water Well Record was completed on (mo_day_war)													
under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)													
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Englishment, Bareau 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.													
		.gov/waterwell				KSA 82a-			•		17/10/2015		