WATER WELL R	ECORD For	·m WWC-5	Divi	sion of Water				
Original Record		hange in Well Use	Resor	arces App. No.		Well ID		
1 LOCATION OF W.	ATER WELL:	Fraction		ion Number	Township Numb			
County: Sunne	14 5W 14 NW 14							
2 WELL OWNER: Last Name: Meise First: Greek Street or Rural Address where well is located (if unknown, distance and								
Business: Address: 3681 5 39154 W direction from nearest town or intersection): If at owner's address, check here: W 30411 August 14 Dixion Rd - Go North 1324 feet and								
Addiess. 2001/147 600 Fect								
City: Chency	State:	45 ZIP: 61625		- ₋				
3 LOCATE WELL	4 DEPTH OF	COMPLETED WELL:	105 0	F Y adda. J.	27 202395			
WITH "X" IN		rater Encountered: 1)		5 Latitude	5 Latitude: 37.30.3395 (decimal degrees) Longitude: -97.176363 (decimal degrees)			
SECTION BOX:	2) ft. 3) ft., or 4) \[\subseteq \text{Dry V}				Horizontal Datum: WGS 84 NAD 83 NAD 27			
IN IN	WELL'S STATIC	WATER LEVEL: 2.5) #	Horizonta	I Datum: LJ WGS 84	1 □ NAD 83 □ NAD 27		
below land surface, measured on (mo-day-yr)				Source for Latitude/Longitude:				
NW NE	above land sur	rface, measured on (mo-day	-yr)	☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)				
Pump test data: Well water was ft.			ft.	(**************************************				
w + e					☐ Land Survey ☐ Topographic Map ② Online Mapper: Coogle Eoch Co			
\.	h Wall water was				ZI Omme Wapper. Loose Land 1991			
\&W SE	after hours pumping							
	Estimated Yield:gpm			6 Elevation:ft. Ground Level TOC				
S				Source: Land Survey GPS Topographic Map				
mile		in. to	ft.] Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:	5. 🔲 Publi	c Water Supply: well ID		10. ☐ Oil Fi	eld Water Supply: le	ase		
☐ Household	6. 🔲 Dewa	itering: how many wells?			e: well ID			
☐ Lawn & Garden	en 7. Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
∠ Livestock						?		
2. Irrigation	9. Environmental Remediation: well ID							
3. Feedlot	☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop Surface Discharge Inj. of Water			
4. Industrial	☐ Reco			13. ☐ Other	(specify):	g. <u> </u>		
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ Yes, date sample was submitted:								
Water well disinfected? Yes \(\substack \) No								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded								
Casing diameter								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)								
SCREEN OR PERFORATION OPENINGS ARE:								
☐ Continuous Slot ☑ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)								
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Direct coment of Coment grout #100 miles of College								
9 GROUT MATERIAL: Neat cement Cement grout Dentonite 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								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify)								
Other (Specify) Direction from well? Distance from well? ft.								
10 FROM TO	LITHO	LOGIC LOG	FROM	TO LIT	HO. LOG (cont.) or	PLUGGING INTERVALS		
0 5	Brown Clay				(
5 18	Tan Clay							
1100	Fine Tan So	· XO						
	Morli Goord	so so mol	1					
	Led Clay	عد عد عد						
J3 W3 V	ANCE CLOSES							
	-		Notes					
Notes:								
11 CONTRACTORIS OR LANDOWNER OF PRINTING A PROPERTY OF THE CONTRACTORIS OF THE CONTRAC								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, or plugged								
under my jurisdiction and was completed on (mo-day-year)/ac/as 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)/ac/as under the business name of								
under the business name	of Cyru, who	رين ميوب ليورا	uer well Keco	ora was comple	eted on (mo-day-ye			
Mail 1 white copy alon	g with a fee of \$5.00 fo	or each constructed well to Kar		f Health and		otor GWTC Coeti		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Autonomem, 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.s	gov/waterwell/index.htm	ml	KSA 82a-121	2	a jour records. retepti	Revised 7/10/2015		
						LEUMIUE!! NOUNTED		