WATER WELL	RECORD	Form '	WWC-5		Divisi	ion of Water					
Original Record						rces App. No.		Well ID	<u> </u>		
1 LOCATION OF WATER WELL:			Fraction				on Number   Township Numb				
County: SEWAR	SW ¼ NE ¼ NW ½										
2 WELL OWNER: Business:	First: ROGER	Street or Rural Address where well is located (if unknown, distance and									
Address: 411 LILA		direction from nearest town or intersection): If at owner's address, check here:									
Address:		18032 RD I									
City: LIBERA	L	State: KS	ZIP: 67901								
3 LOCATE WELL	4 DEPTH	4 DEPTH OF COMPLETED WELL				300 ft. 5 Latitude:					
WITH "X" IN SECTION BOX:		Depth(s) Groundwater Encountered: 1)				i .	Longitude:(decimal degrees)				
SECTION BOX:	2)	ft. :	3) ft., or 4) J	Dry We	11		tal Datum: WGS 8				
		WELL'S STATIC WATER LEVEL:				Source f	or Latitude/Longitude	2:			
			, measured on (mo-day			☐ GPS	S (unit make/model:				
NW NE		above land surface, measured on (mo-d Pump test data: Well water was				["] T	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
W +		after hours pumping					Online Mapper:				
"		Well water was									
SW SE	after	after hours pumping				6 Elevation:ft. ☐ Ground Level ☐ TOO			d Lavel T TOC		
S	Estimated Y	Estimated Yield: 50gpm Bore Hole Diameter: 9.7/8 in. to					Land Survey GPS Topographic Map				
1 mile		in. to							opograpine iviap		
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID								ease			
Household	6. □			11. Test Ho	ole: well ID	e: well ID					
Lawn & Garden	7.		Cased Uncased Geotechni								
Livestock	8. [	8. Monitoring: well ID				12. Geothermal: how many bores?					
2. ☐ Irrigation 3. ☐ Feedlot		9. Environmental Remediation: well II					ed Loop Horizon				
3.						b) Open Loop					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:											
8 TYPE OF CASING USED:   Steel PVC Other CASING IOINTS: Glued Clamped D Welded D Threaded											
Casing diameter 5 in to 300 ft Diameter in to ft Diameter in to ft											
Casing neight 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 220 ft to 240 ft From 260 ft to 300 ft From ft to ft											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible contamination:  ■ Septic Tank											
■ Septic Tank											
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedvard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify) Direction from well? .EAST Distance from well? .125.											
Direction from well? EAS! Distance from  10 FROM TO LITHOLOGIC LOG					?				C D WEST CO.		
0 3	TOP SOIL	ATHOLO(	JIC LUG	FROM	<b>VI</b>	TO L	11HU. LUG (cont.) o	r PLUGGIN	GINTERVALS		
3 18	SAND	**************************************									
18 30	SANDY CLA	Y			-+-						
30 95		SAND & CLAY LAYERS									
95 170	SAND				$\dashv$						
170 210	SAND & CLA	AY LAYFI	RS	<u> </u>							
210 270		CLAY & SAND STRKS				Notes:					
270 289											
289 307	SANDY CLA	Y & MED	FINE SAND LAYE	<b>=</b>							
11 CONTRACTOR	'S OR LANDO	OWNER'S	S CERTIFICATIO	N: This v	vater v	vell was 🔳	constructed, 🔲 reco	onstructed,	or plugged		
under my jurisdiction and was completed on (mo-day-year) .1.0/16/19 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 805 This Water Well Record was completed on (mo day year) .10/25/19											
under the business nar	ne of SOUTH	ense No9 WEST W	אאייייייייייי Inis W אאייייייייי Inis W	ater Well	Kecor	ra was comp	piered on (morday)	ear) .14/45 244	ม.เฮ		
Mail 1 white copy	along with a fee of	\$5.00 for eac	h constructed well to: Ka	nsas Departi	ment of	Health and Er	vironment, Bureau of W	ater, GWTS	Section,		
1000 SW Jackson	St., Suite 420, Top	eka, Kansas	 66612-1367. Mail one to	Water Well	Owner	and retain one	for your records. Telepl	none 785-296	-5524.		
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/20									7/10/2015		