		RECORD		WWC-5		Division of V						
Original Record Correction Change in Well Use				Resources App. No.			Well ID					
1 LOCATION OF WATER WELL: Fraction County: Stevens NEWSW 145W						Section Number Township Number Range Number						
County: Stevens  NEWSWW NEW 18  T 32 S R 38 D E MW  WELL OWNER: Last Name: Jerry  First: Hull Street or Rural Address where well is located (if unknown, distance and												
Business:  Business:  First: 4-000  First: 4-000  Business:  Girection from nearest town or intersection): If at owner's address check by										beck bere:		
Address:		5			from	direction from nearest town or intersection): If at owner's address, check here: The LDT Here LDS Here's north						
City: .H	902 rd	<i></i>	State: K	D ZIP: 6795								
2 100475												
WITH "		4 DEPTH	OF COM	IPLETED WELL;	380	. ft.   5 La	titude:	37.2650	(	decimal degrees)		
	SECTION BOX: Depth(s) Groundwater Encountered: 1)					The state of the s						
WELL'S STATIC WATER LEVEL:(Q)												
below land surface, measure					ay-yr) GPS (unit make/model: iPhone					,		
NW	NE	above la	and surface,	measured on (mo-day	у-ут)		()	WAAS enabled?	Yes □ No	)		
W Fump test data: Well was after hour			ita: Well w	ater waspumping	It. Land :			Survey 🔲 Topogra	phic Map			
Wally			ater was	gpm				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
after hours numping												
Estimated Yield: 50			.gpm 6 Elevation:				ft. Ground Level TOC					
S Bore Hole Diameter: 1.2				"Y in to DOO ft. and Source:			Land Survey GPS Topographic Map					
1 mile  in. to ft.												
☐ Househ	☐ Household  6. ☐ Dewatering: how many wells?											
The second secon	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					. 🗆	Cased	☐ Uncased ☐ G	eotechnical			
	Livestock 8. Monitoring: well ID					. 12. Ge	otherma	d: how many bores?	***************************************			
3. ☐ Feedlot	2. ☐ Irrigation 9. Environmental Remediation: well II					a) Closed Loop  Horizontal  Vertical						
3. ☐ Feedlot         ☐ Air Sparge         ☐ Soil Vap           4. ☐ Industrial         ☐ Recovery         ☐ Injection					EXITACTION	raction b) Open Loop  Surface Discharge Inj. of Water						
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 \( \substact No \)												
8 TYPE OF CASING USED: ■ Steel □ PVC □ Other CASING IOINTS: ■ Glored □ Clemped □ Welled □ There and												
Casing diameter 9												
casing neight above land surfacein. weight												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot												
I Jouvered Shutter   I Key Punched   Wire Wronned   Sayy Cut   I None (Open Itale)												
SCREEN-PERFORATED INTERVALS. From 200 ft to 380 ft From 4 to A From												
GRAVEL PACK INTERVALS: From												
9 GRUUI MATERIAL:   Neat cement     Cement grout   Bentonite     Other												
Grout Intervals: From												
Septic Tank												
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well												
☐ Watertigl	nt Sewer Line	s ☐ See	page Pit	☐ Feedyard		Fertilizer St	torage	Oil Well/	Bas Well			
Other (Specify)  Direction from well?  Distance from well?												
10 FROM	TO	LIT	HOLOGI	C LOG	FROM	TO		ft. O. LOG (cont.) or PI	LICCINIC D	VTED VALC		
3	7		0 501				22111	o. 200 (cont.) of FI	COOLING II	VIERVALS		
/	120		clay	¥								
190	227		dun									
993	368 785		clay									
348	785	rigi	nt sh	ale								
					NY 4							
					Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.												
ınder my juris	sdiction and	was complete	d on (mo-	day-year) . (2-1-	1.9 and	this record	is true	he best of my k	10wledge s	prugged		
Cansas Water	Well Contra	ctor's License	No. 950	This Wat	er Well Rec	ord was co	mple	de (mo-day-year)	6-149	THE COMME		
Mail I w	hite copy along	with a fee of \$5 0	0 for each co	This Wat	Sig	of Health and		D. C.	Olime 6			
1000 SV	V Jackson St., S	uite 420, Topeka.	Kansas 666	12-1367. Mail one to W	ater Well Own	er and retain o	ne for vo	urecords Telephone	WTS Section 785-206 5504	on,		
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.  KSA 82a-1212  Revised 7/10/2015												