WATER	R WELL F	RECORD	Form	WWC-5		D	ivision of W	ater					
				ge in Well Use		Re	sources App	o. No.		Well ID			
		VATER WEL	L:	Fraction			ection Nun	nber	Township Numb		nge Number		
County: SEWARD SW/4 Club Ww/2													
		ast Name: BAI	RKLEY	First: ANDR		Street or Rural Address where well is located (if unknown, distance and							
Business	Address: 13013 POLOWAY DR							direction from nearest town or intersection): If at owner's address, check here:					
Address	13013 PC	DLOWAY DE	ζ										
City:	LIBERAL		State: KS	ZIP: 67901									
3 LOCAT			OF COL			362							
WITH "		1		MPLETED W									
	SECTION BOX: Depth(s) Groundwater Encountered: 1)												
WELL'S STATIC WATER LEVEL:22						Annual Datum: WGS 84 LINAD 83 LINAD 27 Source for Latitude/Longitude:					83 LI NAD 21		
			below land surface, measured on (mo-day-y				GPS (unit make/model:				)		
NW	NE	above 1	above land surface, measured on (mo-day-y				-		WAAS enabled?				
			Pump test data: Well water was ft.						Survey   Topogra				
W	Е	after	after hours pumping				Online Mapper:						
sw	SE	after	after hours pumpingg										
		Estimated Y	Estimated Yield:50gpm				6			. 🔲 Ground	d Level 🔲 TOC		
	S	Bore Hole I	Bore Hole Diameter:9.778 in. to				ft. and Source: ☐ Land Sur			ey 🔲 GPS 🔲 Topographic Map			
<del></del>	mile			in. to		ft.			] Other				
7 WELL WATER TO BE USED AS:													
1. Domestic		5.	Public W	ater Supply: wel	11 ID	•••••	10. 🗆		eld Water Supply: 16				
_	Household 6. Dewatering: how many wells?						11. Test Hole: well ID						
_	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID ☐ Livestock 8. ☐ Monitoring: well ID												
_	☐ Livestock  8. ☐ Monitoring: well ID												
3.  Feedle				ge 🔲 Soil				a) Closed Loop ☐ Horizontal ☐ Vertical 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 □ No													
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other													
Casing diameter													
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:													
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)													
SCREEN-I	PERFORAT	ED INTERVA	ALS: From	n 302 ft to	362	ft From	f	to	ft From	ft. to	ft		
SCREEN-PERFORATED INTERVALS: From .302 ft. to .362 ft., From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft.           GRAVEL PACK INTERVALS: From 25 ft. to 362 ft., From ft. to ft., From ft. to ft.													
9 GROUT MATERIAL: Next cement Cement grout Rentonite Cother													
Grout Intervals: From													
Nearest sou	rce of possib	le contaminati	on:										
☐ Septic☐ Sewer			Lateral Line				] Livestock			cide Storage			
	ight Sewer Li		Cess Pool Seepage Pir		vage Lag		Fuel Stora			oned Water			
Other (Specify)													
Direction from well? SOUTH Distance from well? 140 ft.													
10 FROM	TO	L	ITHOLO	GIC LOG		FROM	ТО	LI	HO. LOG (cont.) or	PLUGGIN	G INTERVALS		
0		TOP SOIL								- Control			
2		SANDY CLA											
45		TAN SANDY	CLAY										
135		SAND											
155	368	SAND W/ CL	AY LAY	ERS									
	ļ					ļ	L						
	<del>  </del>					Notes:							
						4							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
under my i	NACIUK'S urisdiction 2	nd was compl	yWNEK' eted on (*	o Cekelfica no-day-year) ?	3.1.1UN 2/28/20	: Inis wat	er well wa	S∭EC odict≕	onstructed, $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	instructed,	or   plugged		
Kansas Wa	iter Well Co	ntractor's Lice	ense No	805т	his Wa	ter Well Re	cord was	comple	eted on (mordays	ear) 3/14/	ge and belief.		
Kansas Water Well Contractor's License No. 805 This Water Well Record was completed on (mo day year) 3/14/20													
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.													
1000	) SW Jackson S	t., Suite 420, Top	eka, Kansas	66612-1367. Mai	il one to V	Vater Well Ov	vner and reta	in one fo	or your records. Teleph	one 785-296-	-5524.		
Visit us at htt	p://www.kdhek	s.gov/waterwell/i	ndex.html			<u>KSA 82a-1</u>	212			Revised	7/10/2015		