WATE	R WEI	LL RECORD	Form W	WC-5	Division of Wate	r Resources App. N	o. L	
1 LOCATION OF WATER WELL:			Fraction		Section Number	Township No.	Range Number	
County: Norton			I I/ NE I/	3		R 25 □E ☑W		
Cumity, INORUM			1/2 NW 1/2 NW 1/4 NE 1/4					
Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS) information:								
from	from nearest town or intersection: If at owner's address, check here							
262	O Et fro	m East line, 60 Ft. from N	Longitude:	ngitude: (in decimal degrees)				
203	U FL IFO	m East line, ou FL Irom N	orui iine		Elevation:			
Ī					Datum: WGS 8		 NAD 07	
2 WA	TED W	ELL OWNER: Bill Broo	1			t, □ NAD 63, □	NAD 21	
Din Dioono					Collection Method:			
RR#, Street Address, Box #: HC 1 Box 133								
City	, State, Z	IP Code : Clayton	KS 67629				c Map, 🔲 Land Survey	
Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m								
3 LOC	ATE WE	T.T.						
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 96 ft								
SEC	SECTION BOX: Depth(s) Groundwater Encountered (1)							
	WELL 5 STATIC WATER LEVEL							
	Pump test data: Well water wasft. after							
'	TOTAL							
1Ma								
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well								
SW SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)								
Irrigation Industrial Domestic-lawn & garden Monitoring well								
Was a chemical/bacteriological sample submitted to Department? Yes No								
1								
1 .	S				• • • • • • • • • • • • • • • • • • • •			
	1 mile	Water well disinf	fected? 🖬 Yes 🔲	No				
5 TYPE OF CASING USED: Steel PVC Other								
5 TYPI	E OF CA	ISING USED: U Steel	P P VC L C	Amer				
CASIN	G JOIN	rs: 🗹 Glued 🔲 Clarm	ped Welded	☐ Threaded	,		•	
Casin	o diamet	er 4.5 in to 96	ft Diameter	in 1	n ft D	ismeter	in to ft	
Casing diameter 4.5 in to 96 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 30 in., Weight 2.5 lbs/ft., Wall thickness or gauge No 0.248								
Casin	ig nergur	above land surface	III., Weight	A.M	IUS./IL, Wall und	wiess or gauge in	0	
TYPE OF SCREEN OR PERFORATION MATERIAL:								
Steel Stainless Steel PVC Other (Specify)								
	Brass	☐ Galvanized Steel	None used (open he	ole)				
SCREEN OR PERFORATION OPENINGS ARE:								
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)								
Continuous sion Min sion Gauze wrapped Torcar cut Drined notes None (open note)								
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)								
SCREEN-PERFORATED INTERVALS: From								
From								
GRAVEL PACK INTERVALS: From 20 ft. to 96 ft., From ft. to ft.								
From								
CONOLUE DE AUTONIA IL UI IL FIORI								
6 GROUT MATERIAL: Neat cement Cement grout 1 Bentonite Other								
Grout Intervals: From 0 ft. to 20 ft., From ft. to ft., From ft. ft. ft.								
What is	the near	est source of possible contain	mination:					
Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)								
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well								
Sewer lines								
		n well			rom well		** ***	
FROM	TO	LITHOLOGI	C LOG	FROM	TO LITHO. LO	OG (cont.) or PLU	JGGING INTERVALS	
0	2	Surface						
2	21		· · · · · · · · · · · · · · · · · · ·	 				
		Loesse		 				
21	36	Sandstone		<u> </u>				
36	42	Fine Sand w/ Sandstone	e Str	I T				
42	58	Sandy Clay w/ Sandstor		 		<u> </u>		
44	130		re a line sand	 -				
		Str						
58	90	Fine Sand w/ Sandstone	e Str	1				
90	96	Yellow Ochre						
		. JIOH JOHO		 				
				 				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged								
under my jurisdiction and was completed on (mo/day/year) .7/10/12 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No. 838 This Water Well Record was completed on (modelsy/year) 8/6/12								
under the business name of D&R Pump Service, LLC by (signature)								
INSTRUCTIONS: Use ty pewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies								
		Kansas Depar tment of Health a						
Telephone	785-296-	5524. Send one copy to WATI	R WELL OWNER and	ctain one for v	our records. Include fee	of \$5.00 for each or	enstructed well. Vi sit ns at	
		ov/waterwell/index.html.		,	/			
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy								