WATER Y				WWC-5			ision of Water				
		•		e in Well Use			ources App. No		Well ID	N. 1	
		ATER WEL		Fraction WW/4 WW/	ME	< Yal	tion Number	1 -		ge Number	
County:	Grav	iam		777-/4 // 10/10/	4 IV E/4	5 7 7 7 D	10	T 6 S	R &	/ DE DI-W	
2 WELLOWNER: Last Name: Patterson First: Duane Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:											
Address: Hill City State: Ks ZIP: 67642 1/ South 3 west of Logan											
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 1/5 ft 5 Latitude: (decimal degree)											
WITH "X		Depth(s) Gr	oundwater	Encountered:	1) \$7.4	ft.	ft. Longitude:(decimal degrees)				
2) ft. 3) ft., or 4) [1]						Dry Well	Dry Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27				
WELL'S STATIC WATER LEVEL:							-7-13-/D				
	below land surface, measured on (mo-day-y										
NW -	Pump test data: Well water was					······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
w x	after hours sumping										
'^	Well water was										
				hours pumping gpm			6 Elevation:ft. ☐ Ground Leve			Level TOC	
			Estimated Yield:			ft and					
	1 mile in. to										
7 WELL WATER TO BE USED AS:											
1. Domestic:				ater Supply: w				Field Water Supply: 1			
☐ Househo				ng: how many				ole: well ID			
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
	 ☑ Livestock 2. ☐ Irrigation 8. ☐ Monitoring: well ID							sed Loop Horizon			
3. ☐ Feedlot			Air Sparg			Extraction		en Loop 🔲 Surface D			
4. 🔲 Industria	al] Recovery	☐ Inje	ection		13. 🔲 Oth	er (specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes INO 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 in. Weight lbs./ft. Wall thickness or gauge No											
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)											
	ea Snutter EREAR AT	Key Punc. □ Key Punc.	nea ∟ w AIS: Eror	n 115 ft	ь 9 5	ft From	None (Open Ho	ole) ft From	ft to	A	
SCREEN-PERFORATED INTERVALS: From											
9 GROUT	MATERIA	L: □ Neat	cement [Cement grou	t Be	ntonite \square	Other				
Grout Interva	ls: From	2.0 ft. to	.∂	ft., From		ft. to	ft., From .	ft. to	ft.		
		le contaminati				_					
☐ Septic T		_	Lateral Line		t Privy ewage La		Livestock Per		cide Storage oned Water		
☐ Sewer L			Cess Pool Seepage Pit		ewage La eedyard		Fuel Storage Fertilizer Stor		oned water ell/Gas Well	weii	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well											
Direction from	m well?			Distanc	e from w	ell?		f			
10 FROM	TO		LITHOLO			FROM	TO	LITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
0	18	saudy					.		· · · · · · · · · · · · · · · · · · ·		
18	26	sand	ston	<u>e</u>							
72	42	5449		K-c19			Orlain	B' as the real to			
105	105	<u> </u>	,	K 7019	y		for A		Sender		
110	115	Sha	7.				1016	ates			
		- 71 4				Notes:	, , , , , , , , , , , , , , , , , , , 				
								<u> </u>			
11 CONTR	RACTOR'S	S OR LANDO	OWNER'	S CERTIFIC	CATION	This water	well was	constructed, rec	onstructed,	or □ plugged	
11 CONTR under my ju	RACTOR'S risdiction a	S OR LANDO	OWNER' leted on (rense No	S CERTIFIC no-day-year)	CATION	This water	r well was this record is	constructed, rec	onstructed, by knowled	or ☐ plugged ge and belief.	
Kansas Wat	er Well Co isiness nam	ntractor's Lic	ense No انجام شک	IK Wa	This Wa	iter Well Red	ord was com	pleted on (mo-day-y N.S	ear) /	.4.7.7.2	
under the bu	er Well Consistency	e of Go. TA	ense No Sch. g well OWN	ER and retain one	This Wa Ler	ater Well Red	t fee of \$5.00 for e	pleted on (mo-day-y	ear)	conv to Kansas	
Kansas Wat under the bu	er Well Consiness named TIONS: Send of Department of H	e of Go. TA	ense No Sch. g R West OWN Int, Bureau of	ER and retain one	This Wa Ler	ater Well Red	t fee of \$5.00 for e Suite 420, Topeka,	pleted on (mo-day-y N.S	ear)	conv to Kansas	